MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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wit /	1 50	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived.	
ed di			o. COUNTY MARYLAND	o. STATE Mais Pour of	COUNTY Chesall
Lo a			b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate lim	its, write RURAL and give nearest town)
ld E			RURAL and give nearest town)	X 7 Lours 1 0 -1	Rune
hou		-	d. NAME OF HOSPITAL (If not in hospitat, give street address)	d STREET ADDRESS	e. IS RESIDENCE
2 s	V		OR INSTITUTION	17	ON A FARM? YES X NO T
P E	1	2	NAME OF First Middle	iost 4. DATE	
- ed			NAME OF DECEASED (Type or print)	OF OF	Month Day Year
Pages death		-	Variable 1	Company .	(In year IF UNDER 1 YEAR IF UNDER 24 HRS.
Per d	T	1		hast last	birthdayl Months Days Hours Min.
nple off	(1)	10	Do. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS	TRY 11 SISTEMBLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
pop		100	during most of working life, even if retired)	11. Big Hi Bace (state at long) cubility	201
and 72 h		12	Jahren Venue	May taux	1137
an Carb		13.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	00.0-
ye ve		L	Henry affrair	Mary Want	ality
phy ama			Yes, no, or unknown) (Alf yes, give war or dates of service)	FORMANT -	Address
ing eve			hor - hone	There Ma alban	Harefulial has
end leo:			1B. CAUSE OF DEATH [Enter only one couse per line-for (a), (b) and (c).]	my in it	INTERVAL BETWEEN
in p			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	pryocardates	
The and			422.1 DUE TO	o h	
of it of			Canditions, if ony, which) (b) (ullasaleul	is Carrier Vaccarla	Cheron
per may			gove rise to immediate couse (a), stating the under DUE TO	7	
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os tiol-tiol-tio	<i>(</i> 20)	CATI		-	YES NO
e h	0	TIFF	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	2. (Enter nature of injury in Part 1 or Part 11 of it	tem 18.)
fica the		CERI			
as		CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or taw	n) (County) (State)
use to t		MEDI	Haur o. m. 19 While Not while at work at work	lory, street, office bldg., etc.)	-
for the				March 2 1961 to Ma	16 196 that (1) (we) last
Affed			21. 1 certify that (1) (this hospital) attended the deceased fram.	1 164	, , , , , , , , , , , , , , , , , , , ,
Stac edit		Ш	saw the deceased alive and May 196, and that d	earn accurred at a m, tram the c	auses and an the date stated above.
C P P		V.	1-1/8/15	M.D. PHYS. MED. DIRECTOR PHY	
DIRE Id be			22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHY	5. 4
ouls Boa			NAME (Type) Decing F. Bush MI) Idamnet FA	~ Marchard
3 sh		02	30. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF		D. I. J. J. J. W. V.
FUN Spe		1230	3a. BURIAL CREMATION, 23b. DATE THEREOF 23c. DAME OF CEMETERY OF	Lezes 1910KT	ity, down, ar county) (State)
0 9 5		20	general of the	. , , , ,	25b. REGISTRAR'S SIGNATURE
15 (0)	0	14	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ACCESSIBILITIES	DATE MAY 1 7 761	
9/59	Dill	1	March Crack 11	DATE	To the go House

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death pertificate be executed within 24 hours after death. Page 4 may if a pined by the haspital ar attending physician. VR A15 (II) 15M 9/59

30570 and the second second second second the same of the sa and the same of the same of the same \$25 may all I have the comment marker and the same that there is July 1 to the second of the se Maria Albania Section 1 part of the Sales and Sales The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5415 funeral 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Carroll a. STATE b. COUNTY Marvland Carroll the d 2 MARYLAND death, by # b. CITY OR TOWN (if outside corporale limits, E. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Detour rural filled in b Detour rural hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Own Home YES TO NO papers. completer 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED Charles 25 Washington Albaugh Mav 61 (Type or print) DEATH 19 physician and col 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. 50 irthday Months male Mav WIDOWED [DIVORCED 1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending John William Albaugh Stambaugh Kata Carrell Co 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no unkown) (Ifyesgivewarordatesofservice Mrs. Daisy I. Albaugh Detour, Md. ihe ig physician, signed by th 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),) INTERVAL BETWEEN ONSET AND DEATH Occhision PART I. DEATH WAS CAUSED BY: MUNICIE 070710161 IMMEDIATE CAUSE (a) burial-transit DUE TO aftending Conditions, if any, which gave rise to immadiate cause certificate has by or use as the buri prior to burial, c DUE TO (a), stating the undarlying cause last. ö PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY hospital PERFORMED? NO 19 retained by the name of the parties 20b. DESCRIBE HOW INJURY OCCURED, (Enler nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (County) (State) Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. may be retaine, DIRECTOR: / 3 should be def at work at work saw the deceased alive on 17 24 1961, and that death occured at 5.0M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. M.D. FUMERAL, sector, page 3 22c. PHYSICIAN'S NAME (Type) Caricofe 118 S. Main St. Union Bridge Maryland ector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23s. BURIAL, CREMATION, | 235. DATE THEREOF = REMOVAL (Specify) 0:43 Rocky Ridge Co. Md. Mt. Tabor Cemetery Fred. Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNABLE VR A15 (4) DATE MAY 3 1 '61 Thurmont, Md. Circling S. Thrus 15M 9/60

Mornal ' Marylend Carpoll Lating emodell y 200 12 Cherles wellington Albandh selendo Tags 7, 1993 e21da efair. Penerylands Esta Stantasti John William Albemiels 162-07-7157 Mrs. Union I. Altesch Debour, No.

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	PLACE OF DEATH D. COUNTY	Carrell	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	ere deceased lived. If institution: Residence b. COUNTY	ence before admission)
l	RURAL and give	(If outside corporate limits, write nearest town) enryton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RURAL on	give nearest town)
-	d. NAME OF HOSP	ITAL (If not in hospital, give stre		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
2		Henryton Stat	e Hospital	949 W	V. Lexington Stre	et YES NO
1	NAME OF DECEASED (Type or print)	First Miltor	Middle Lee	Anderson	4. DATE Month OF DEATH May	8 1961
. 5	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UND) lost birthday) Months	Days Hours Min.
	Male	0-	WED DIVORCED	Sept. 9, 190	9 51 yrs.	Doys Hours Min.
0a	during most of wo	ION (Give kind of work done 10 pking life; even if retired)	B. KIND OF BUSINESS OR INDU	_	or foreign country) 12.C	TISA
3.	FATHER'S NAME	Wilmown &	Porose anotorso	14. MOTHER'S MAIDEN N		Bailey
S:	WAS DECEASED EV	FR IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	NFORMANT	Address	- may
	No	(it yes, give war or daile of service)	Unknown	Milton Anders	son - Patient	/
	Canditions, if gove rise to couse (a), statin- lying couse lost	ony, which (b) (b) immediate githe under- (c)			eHeart failure	10 year
CATION					nal disease condition given in P	PERFORMED?
CERTIFI	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING [] 20b. D IG [] CAUSE OF DEATH Y MEDICAL EXAMINER]	ESCRIBE HOW INJURY OCCURR	D. (Enter noture of injury in f	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJU Hour o. m p. m	. Wh	t.	LACE OF INJURY (Home, farm, octory, street, office bldg., etc.		(County) (State
	saw the dece	nat (I) (this haspital) atte	nded the deceased fram.	May 10, 19 death accurred at 2:3	51 ta May 8, 19.	61, that (I) (we) last the date stated above
	220. SIGNATURE	Edgars M. M.	naerslang		ED. STAFF PHYS.	May 8, 1
	22c. PHYSICIAN'S NAME (Type)	Edgars M. Macı	ulans, M. D.	Henryton,	Maryland	and the contract of the contract to the part on the contract part only for one con-
1	Survey (Specif	ON. 236. DATE THEREOF	230 NAME OF CEMETERY	um com.	23d. LOCATION Confrown, or county	1101,
24	PUNEPAL DIRECTO	R'S SIGNATURE	ADDRESS 3 2	250. REC'I	D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE S. FLIMA

! A145 Services -THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRE points adjusted in the fallign and material 100 200 AND 200 200 200 AND 20 P. - 1902, E. 382 A Principal Comment of the Control o make a secretary 15 percent most to a register descend or continue while the real and The standard of the standard o

			BALTIMORE,		
5417	CERTIFICA	TE OF DEATH		Reg. Dist. No.	05409
PLACE OF DEATH O. COUNTY CARROLL	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE	leceased lived. If institut b COUNTY		e admission)
RIPAL and give plearest town)	25 gra	C. CITY OR TOWN (IF ourse	e corporate limits, write to	RURAL and give neo	rest town)
d. NAME OF HOSPITAL (If not in hospital, give street odder OR INSTITUTION	40	d. STREET ADDRESS	140		ON A FARM?
		RMACOST 1	DATE MOI OF DEATH M	94 16	196/
FEMALE WHITE WIDOWED	DIVORCED	DEC. 10, 1911	9. AGE (In years last birthday) 49 yrs.	Months Days	Hours Min.
Og. USUAL OCCUPATION (Give kind of work dane 10b. KINE dyring most of working life, even if retired)	O OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN O	S G.
FATHER'S NAME	inld	14. MOTHER'S MAIDEN NAME	The B	illan	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16,50C	1AL SECURITY NO. 17. IN	FORMANT . Willend	Transcert	fress S	rece
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INDUA OF O	WARY EME	INTE ONS	RVAL BETWEEN ET AND DEATH
Conditions, if ony, which) (b)					
gove rise to immediate code (a), stating the under-					
PART II. OTHER SIGNIFICANT CONDITIONS CONT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GI	VEN IN PART I(a) 1	P. WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRED.	. (Enter nature of injury in Part I	or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJUR Hour a.m. While at work	Not white of work	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	Of. (City or town)	(County)	(Stote)

William I. Marin ACTUAL 19RIDRE

WESTAINSTER, MD 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

> 246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE

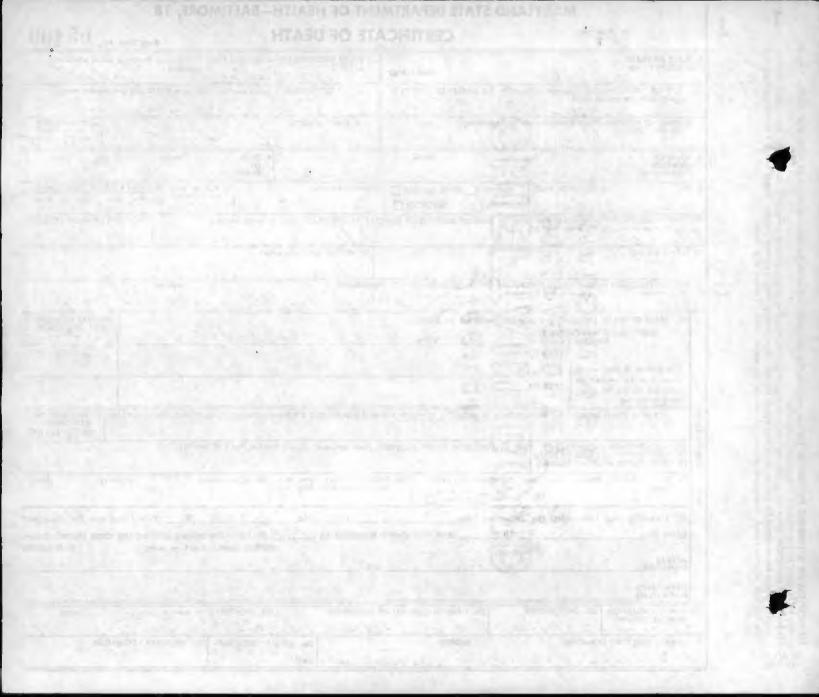
(State)

23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

VS A15 (4) 1SM 9/55

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION	OF	STATISTICAL	RESEARCH	AND	RECORD	s —	BALTIA
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	CERTIFICATE OF DEATH
) F	1. PLACE OF DEATH) 2 F1.1m (120) 2. USDAY RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY (arrul 6. COUNTY TELLIST
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	MANChester 3/2 / MARCHALLING BELLIMOTE, Eld.
	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
L	Lang Vices Nursing Home Fulton & Lombard Sts. V 01 - YES NO R
3	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
L	(Type or print) PANA SARTON DEATH May 5 1961
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year of birthdoy) Months Days Hours Min.
1	The Superior (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
l'	during most of working life, even if retired
-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	Marie 1991 -
h	IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT
	(You no, or unknown) 19 ya, give war or doles of service) No. nuna 91 Builou Pholieur Bullow We
F	1B. CAUSE OF DEATH Enter only one couse per line for (a), (b) ond/c). INTERVAL BETWEEN
Т	PART I. DEATH WAS CAUSED BY:
П	IMMEDIATE CAUSE (o) DUE TO
	Conditions, if any, which) the Culture about the Carter Verselle Describe
	gave rise to immediate DUE TO
L	lying couse lost. (c)
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES \(\sqrt{N} \) NO \(\sqrt{N} \)
	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m., While NoI while of work o
	Hour a. m. While Not while toctory, street, office bldg., etc.)
	21. I certify that (1) (this haspital) attended the deceased from July 8: 1957 to May 5, 1961, that (1) (we) last
	saw the deceased alive an april 24 1961, and that death accurred a 136M, from the causes and on the date stated above.
	220. SIGNATURE 226. DATE
	Dependent 2 cell M.D. PHYS. DIRECTOR D PHYS. D
	PARE (Type) Joseph E. Bush NID HAMPS + EAD May fond
12	230. BURIAL GREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown, or county)
	Bullo to Ma
2	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
	Viplou-Eline - Heerefuleed Mg DATE MAY 9 '61 Cultur S. Turns

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DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

ofter death. Page 4

maurres that th≡ death certificate be ≡x≡c≡ted within 24

should be filed with funeral director,

×N

Pages

Then please remave carbon papers.

LORRECTOR: After this cert, foote has been signed by the should be aetached for use as the burial-transit permit. There Board of Health prior to burial, cremation, or remavol, and

page 3 the State TO FUN

1SM 9/59

by the haspital or attending physician.

TO HEISETAL OR ATTENDING PHYSICIAN: The low

in any event, with

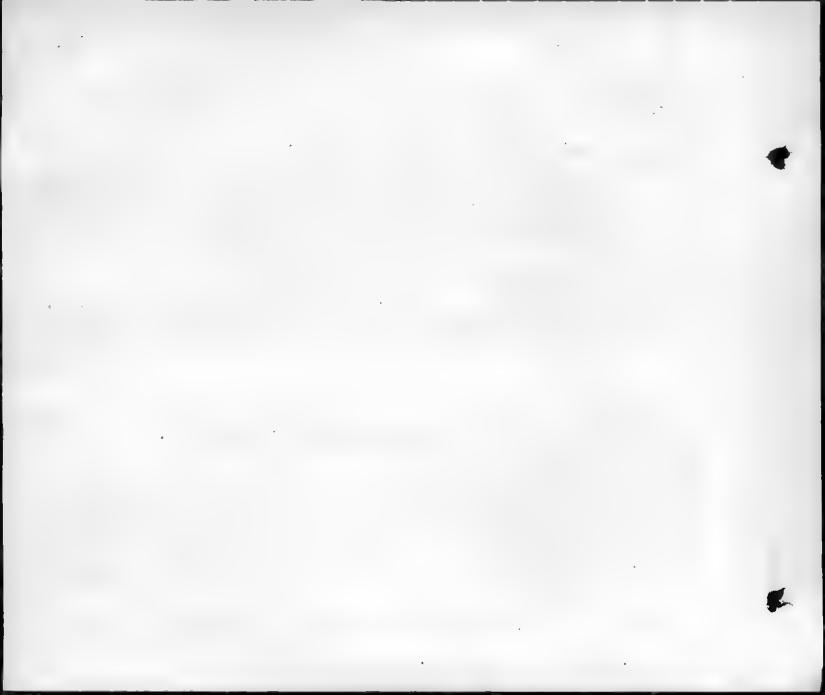
n 72 hours after death

physician and campletely filled

attending

05411

5419	CERTIFICA	TE OF DEAT	Н			19411		
1. PLACE OF DEATH O. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (o. STATE Mary	Where deceased	lived. If institution b. COUNTY	on; Residence b	efore admission)		
b. CITY OR TOWN (If oulside corporale limits, write	c. LENGTH OF STAY IN 16	E CITY OR TOWN (ole limits, write Ri	URAL and give	nearest town)		
RURAL and give nearest town) RuralSykesville	10 months	Baltimor	re		.4	No-		
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION	et address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?		
Springfield State Hospita	1	2932 St.	Paul St	reet		YES NO X		
3 NAME OF First	Middle	Losi	4. DATE OF	Mon		Day Year		
(Type or print) Edna	Correll	Bell	DEATH	5		8 1961		
_	RRIED NEVER MARRIED	B. DATE OF BIRTH		9 AGE (In years last birthday) 79 vrs.	Months Day	AR IF UNDER 24 HRS		
	VED N DIVORCED	1/4/82		12	10.000			
10a USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired) School teacher (retired)	KIND OF BUSINESS OK INDI	Marylar Marylar	ote or tareign ca 1d	untry)	US	OF WHAT COUNTRY? SA		
13. FATHER'S NAME		14 MOTHER'S MAIDE	NAME					
Stewart Dorsey Correll		Blair						
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 1((Yes, no, or unknown) [(If yes, give war or dates of service)		NFORMANT		Addr	'ess			
no	I	Hospital reco	ords	S	ykesvil	le, Md.		
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY:					C	NTERVAL BETWEEN		
IMMEDIATE CAUSE (a)	Goronar	y occlusion				hours		
Conditions, if any, which)	Camahan	l arterioscle	monic			770 0700		
gove rise to immediate	Uerebra.	r ar cerioscie	1.0212	<u> </u>		years		
lying cause last.								
	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TEL	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(c	1) 19 WAS AUTOPSY		
S CBS associated with sen	ile brain disea	ase with psyc	hotic r	eaction.		PERFORMED? YES NO IX		
	SCRIBE HOW INJURY OCCURR							
	INJURY OCCURRED 20e. F	LACE OF INJURY (Home, fr	prm. 20f (City	or lown)	(Cour	rity) (Stote)		
Under the Control of	e Not while fe	actory, street, office bldg.,	etc.)	,	(,,,		
21 I certify that 00 (this haspital) after			1960 , ta			that (*) (we) last		
saw the deceased alive an 2/C	and that	death accurred a5	A.M. fram	the causes an	d an the do	ate stated above. 22b. DATE		
Konstactik	Weber	M D ATTENDING PHYS	MED DIRECTOR	STAFF PHYS 🔼		SIGNED		
22c PHYS CIAN'S NAME (Type) Konstantin We	ber	22d ADDRESS Springfield State Hospital Sykesville, Maryland						
23a BUR AL, CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY			ION (City town, t		_ (State)		
REMOVAL (Specify) May 10,19		nt Cemeter		altimor	e, Mar	ryland		
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So R	ECIPARY REGIST	RAR 256, REGIS	STRAR'S SIGNA	TURE		
John O. Mitchell & S		DATE						
1900 Eutaw Place Ba	1to. 17, Md.							



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

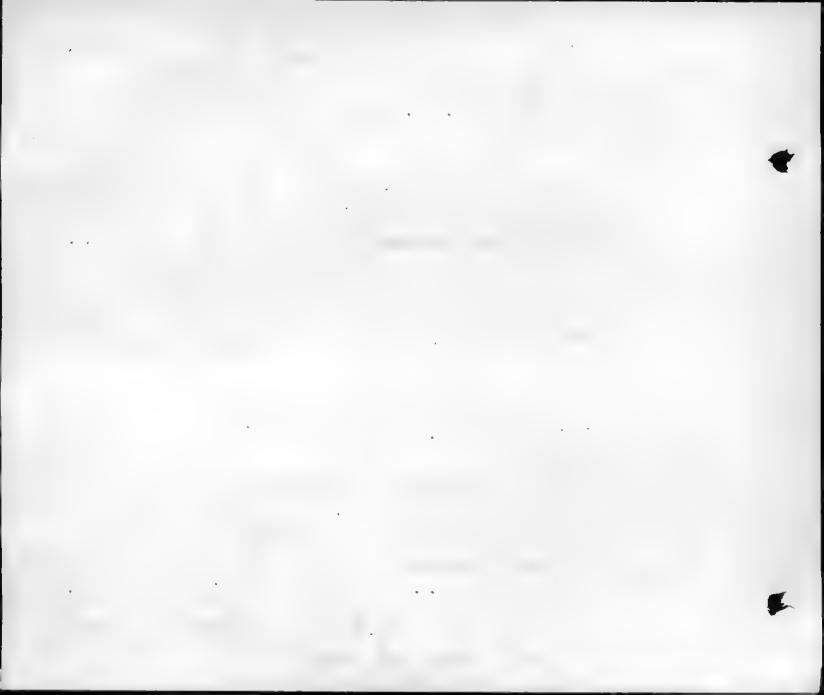
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V	U	->	- 11	6.1

		54X0		CERTIF	ICATE	OF DEATH			l	1541	2		
	PLACE OF DEATH	Carroll		MARY	rland 2.	USUAL RESIDENCE (W. o. STATE Mary		i lived of instituti b. COUNTY	on Residence	before admi	ssion)		
1		(If outside corporate lim	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside corpoi	rote limits, write R	URAL and giv	e nearest tov	vπ)		
	Sykesy:	2 111 111	3	7yrs.6mos.	21days	Baltin	more		CHEX	1	4		
,		PITAL (If not in hospital.				d STREET ADDRESS			-	e IS RI	ESIDENCE A FARM?		
1		field State	Hospi	tal		Unkno	wn				NO 📆		
	NAME OF DECEASED	F ₁	rst	Middle		Last	4. DATE OF	Mor	nth	Day	Yeor		
	(Type or print)	Jo	hn			Bell	DEATH	May	- 1	22,	19 61		
	S SEX	6 COLOR OR RACE	7 MARRIE	ED 🔲 NEVER MARRI		ATE OF BIRTH		9. AGE (n years last birthday)		YEAR IF UN			
	Male	White	WIDOWED	D DIVORCE	J 🛮 🗖	Jnkn own		75 yrs	Months D	ays Hour	Min.		
ľ	10a USBAL OCCUPA	TION (Give kind of work	dane 10b. K	CIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12 CITEZE	N OF WHAT	COUNTRY		
1	Hospital	orking life even if retired Orderly	21	eneral Sto	shites	Marylai	nd		Ţ	J.S.A.			
J	I3. FATHER'S NAME		A. VAR	gently - ye	1	4. MOTHER'S MAIDEN I	NAME						
N	Unknown			•		Unknown							
1	IS WAS DECEASED E	VER IN U. S ARMED FO		OCIAL SECURITY NO	17, INFO			Add	ress				
	(Yas, no. or unknown)	(If yes give wor or doles of	service	_	Smi	ringfield Ho	osni ta	Records	5				
Ŀ		DEATH [Enter only one c	nuse per line	e for (a) (b) and (c)						INTERVAL	RETWEEN		
		EATH WAS CAUSED BY:	_							ONSET AN	D DEATH		
	147	IMMEDIATE CAUSE (ronchopneu	monia					Days			
		DUE TO)										
	Conditions, if any, which gove rise to immediate ()												
1	cause (a), statu	cause (p), stating the under DUE TO											
-	lying cause to		c)							Ī			
	Schizopi Arterio	other significant con nrenic react sclerotic he	ion, art d	chronic un isease.	idiffe	rentiated to	ype.	E CONDIT ON GIV	/EN IN PART I	(o) 19 WA' PERF YES [S AUTOPSY FORMED?		
	200 ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLY NG AND CAUSE OF DEATH FY MEDICAL EXAMINER)				Enter nature of injury in							
	ZOc. TIME OF INJ	URY Manth, Day, Yo	ear 20d 1N	JURY OCCURRED	20e. PLACE	OF INJURY (Home, form	m. 20f. (Cily	or lown)	(Co	unty)	(State)		
	ZOc. TIME OF INJ	10	While of work	Not while of work	factory	r, street, office bldg., etc	c.)						
	21 I certify that (I) (this hasp'tal) attended the deceased from March 7, 155to May 22, 19.61 that (I) (we) last												
		eased alive on May				th occurred of:1							
	22a SIGNATURE	ased diffe on	- 4	17.55 / ono	that dea	in accorded of TT	JAMTIL OW	the couses or	id on the	date store	22h DATE		
	Char	intin d	106	Eambe		ATTENDING M	AED PRECTOR	STAFF		ب	133 16		
	22c PHYSIC AN	raction co	, C 1	e. ovisopa	7 MD	22d, ADDRESS	THE LOR L	NHA2 RM			12)10.		
	NAME (Type		delCa	mpo, M.D.		Springfie:	ld Hos	pital.Syl	kesvi]]	le.Md.			
-	33 84844 665												
	23a BURIAL CREMA PEMOVAL (Speci		111	23c NAME OF CEM	LE IERY OR C		23d LOCAT	TION (Crty stown,	or county)	(51	ojej		
	America	0/26/	4	new	CHAR	eder	1 A	Messer	u,	mol	-		
	24 FUNERAL DIRECTO	DK'S SIGNATURE	- Vol	ADDRESS	011	Care 1 250. REC	PAY REGIST	161	STRAR'S SIGN				
k	HUCKER	FI. Stall	ur.	Mallow	all	DATE	2 9		withing of.	Thank			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may required by the haspital ar attending physician.

TO FUNCAL DIRECTOR: After this certificate has been signed by the attending physic an and completely filed by the funeral director page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to bimial, cremation, or removal, as in any sent, within 72 hours after death.

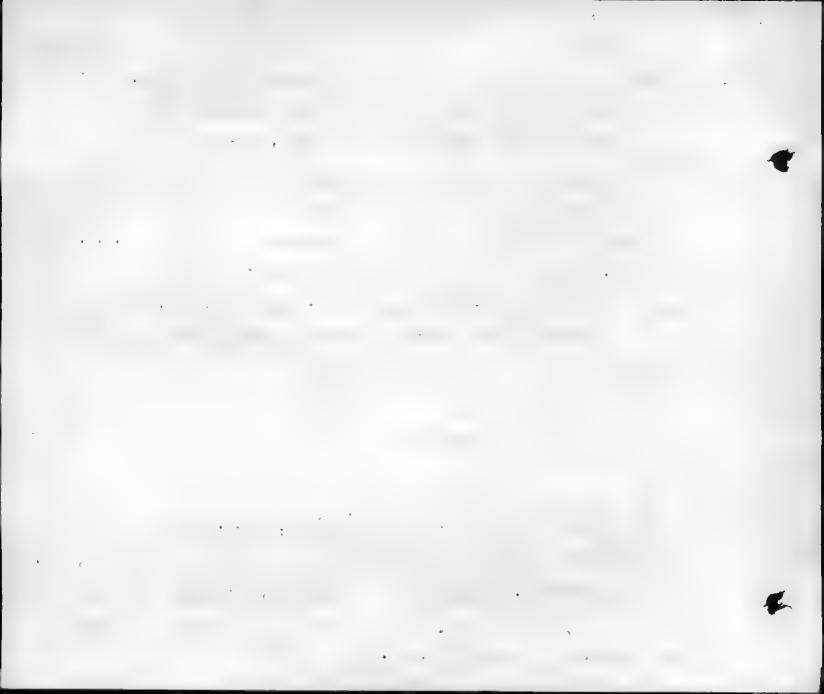
VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5421

o. COUNTY			MA	ARYLAND	a. STATE b. COUNTY					V		
Carre					c. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
6. CTY OR TOWN (I RURAL and give no Henry		ls, write	c. LENGTH OF ST 2428 d		c. City (outside corporo nicsvii		RURAL ond g			
d NAME OF HOSP TO OR INSTITUTION	AL (If not in haspital, g	jive street o	iddress)		d. STREI	T ADDRESS		P		е	IS RESIDENCE	
OK INSTITUTION	Henryten S	tate	Hespita	1		RFD 1	Bex-I	3	11.0%	± alt	YES NO	
3 NAME OF DECEASED (Type or print)	John	rst	Franc		But	lost cler	4. DATE OF DEATH	May	enth	Day 8	Year 1961	
S. SEX	6. COLOR OR RACE	7 MARR	IED NEVER MA		B. DATE OF E		9	AGE (In years	IF UNDER	_	F UNDER 24 HRS	
Male	Negre	WIDOWE	D DIVO	RCED 🗍	10/3	5/15		lost birthdoy) 45 yrs		Days	Hours Min	
10g LSUAL OCCUPATION	ON IGive * nd of work	dane 10b.	KIND OF BUSINES	S OR INDUS	TRY 11 BIRT	HPLACE (State	e ar fareign cou	intry)	12 CITIZ	ZEN OF	WHATCOUNTRY	
Farming	ling life, even if retired	}			Ms	rvlan	a		п	S.A		
13. FATHER'S NAME						ER'S MAIDEN				1015		
Jones M	. Butler				Can	elia S	tavanc					
15. WAS DECEASED EVE		CES2 14	SOCIAL SECURITY	NO 17 IN	IFORMANT	TTW D	revens	Ade	dress	-	 -	
	(If yes, give war or dates of t	service]					177	_				
No			<u>4-16-733</u>		atlen	Je:	nn Frai	icis Bu	tler	T.:		
	ATH [Enter only one co										T AND DEATH	
PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c) Fa	r advanc	ed bi	later	al cav	itary	pulmena	ry TB			
11000	DUE TO)										
Conditions, if a	ny, which) (8	.1										
gove rise to i	mmediate (
lying couse lost.		:}										
	HER S GNIFICANT CON		ONTRIBUTING TO	DEATH BUT	NOT RELATE	O TO THE TERM	AINAL DISEASE	CONDITION G	IVEN N PART		WAS AUTOPSY PERFORMED? YES NO	
OR CONTRIBUTING	S JNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJUR	Y OCCURRE	D (Enter notu	re of injury in	Parl I or Part	tl of item 18)				
20c TIME OF INJUI Hour o.m. p.m.	Y Manth Day, Ye	20d. It While of worl	JURY OCCURRED Not while at work			RY (Home, for office bldg., et	m 20f (City o	or town)	(0	(ounly)	(State	
	nt (1) (this hospito		led the deceas				255 p. 1				at (I) (we) los	
20 CICLIATURE	bdgars m				M D. PHYS	DING A	MED DIRECTOR S	STAFF PHYS	M	av 8	226 DATE SLGNE	
22c PHYSICIAN'S	1					DORESS	ZINE CTOR ME	.1117	4 4		-704	
NAME (Type)	Edgars 1	M. Ma	culans		Н.	enryte	n, Mar	yland				
230 BURIAL CREMATIC		OF	23c NAME OF	CEMETERY O	R CREMATOR	(Y	23d LOCATI	ON (City, town,	, or county)		(Stote)	
Burial (Specify)	5/12/6	31	St. J	ohns	Cemet	cerv	Ho]	Llywood	. Mar	yle	nd	
24 FUNERAL DIRECTOR			ADERESS		7		D BY REGISTR		GISTRAR'S SIC			
Rot Rot	inagn -	(egns	ardtown,	e Md	menza	W BATE	MAY 11'	61	Cirthun 2	8. Fire	MA	



MARYLAND STATE DEPARTMENT OF HEALTH

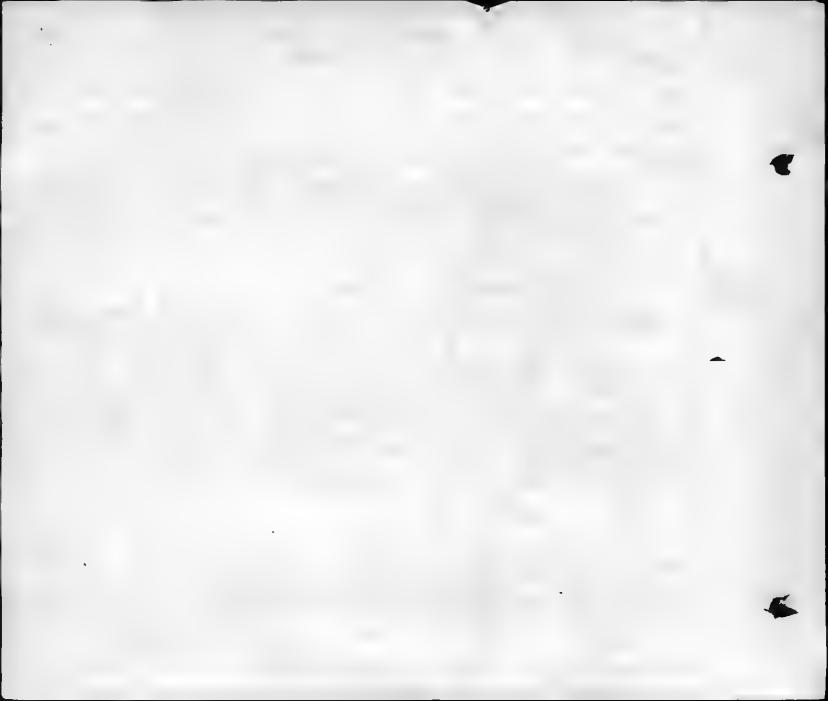
	DIVISION OF STATISTICAL RESEARCH	AND RECORDS — BALTIMORE 1, MARYLAND	
	CERTIFICA	ATE OF DEATH	05414
1,	PLACE OF DEATH o. COUNTY A CLUB (MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: of STATE.) b COUNTY	Residence before admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give recers town) We therefore the corporate limits, write c. LENGTH OF STAY IN 1b	c CITY OR TOWNAIT outside corporate limits, write RUR.	AL and give nearest town)
	d. NAME OF HOSPITAL (IF not in haspital, give street oddress) OR INSTITUTION 14/20 Wilaum AT	14/W/lace	e IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) ELEANOR - M-CALT	TRIDER 4. DATE OF MONTH DEATH MONTH	1 2-9 19 61
L	SEX 077 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED WIDOWED DIVORCED	apr 26-1870 5 100 100 100 100 100 100 100 100 100	UNDER 1 YEAR IF UNDER 24 HRS Annths Days Hours Min
	during most of warking life, even if retired)	1. Mary level	W.S. A
4	Succes Hair	Deare a Wisher	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 Introduction of January 17 July 18 give war or dates of Jervice) 710	P. Caltrides - Westini	uster Hel
	PART I. DEATH Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying cause lost. [c]	Erterioschlerosi	INTERVAL BETWEEN ONSET AND DEATH
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	(IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
LCERTIF	20g ACCIDENT WAS UNDERLYING [] 206 DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IED. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o. m. P. m. 19 While Not while at work of twork 19	PLACE OF INJURY (Home, form, 20f (City ar town) octory, street, office bldg., etc.)	(County) (State)
	21 I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an	seath occurred at M, from the causes and	an the date stated abave. 22b. DATE SIGNED
	22c PHYSICIAN'S NAME (Type) EREESE WILKEN	M D PHYS DIRECTOR PHYS D	muster
	BURAL CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY BEMOVAL (Specify) 6-1-1961 - LECCLE	went alliall.	(CO. 144
24	FUNERAL DIRECTOR'S SIGNATURE L'Astara - Eleise - Harafrited		LAR S SIGNATURE

DATEJUN

TO FUR VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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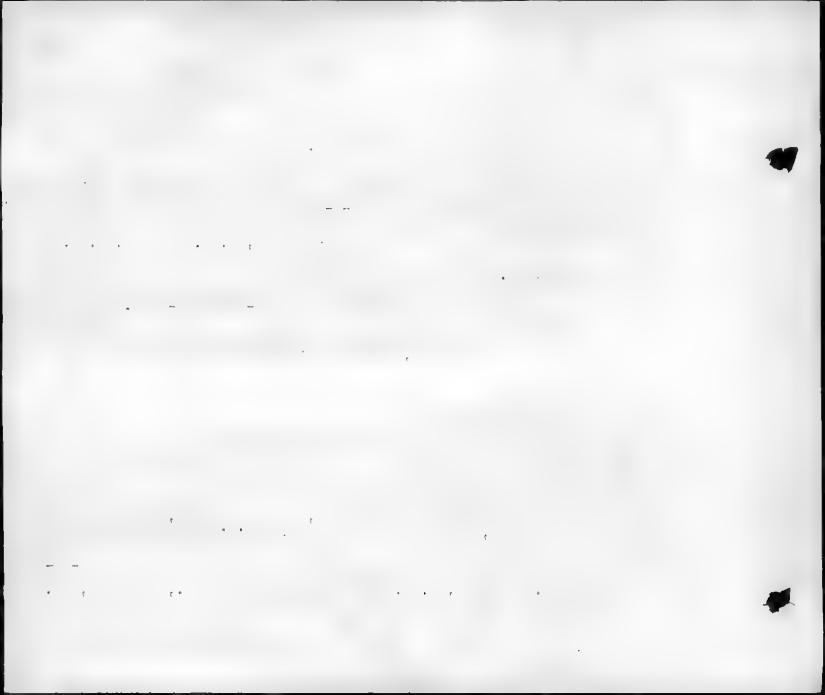
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

CERTIFICATE OF DEATH

05416

1, PLACE OF DEATH 0, COUNTY	J.F.	, , , , , ,	2 USUAL RESIDENCE (WI		institution: Residence	e before admission)
Carroll		MARYLAND	Maryland	u. 60	POSATE	
	side corporote limits, write t town)	c. LENGTH OF STAY IN 16		outside corporate limits,	write RURAL and gi	ve nearest town)
Henryton		365 days	Baltimore			
OR INSTITUTION	f not in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Henryton	State Hospit	al	13 N. Bon	d Street		YES NO
3 NAME OF DECEASED	Fîrsl	Middle	Lost	4. DATE OF	Month	Doy Yeor
(Type or print)	Willie	E. Ch	apman	OF DEATH	May	20. 19 61
5. SEX 6	147 63	R ED T NEVER MARRIED	B DATE OF BIRTH	9 AGE (In lost birt		YEAR IF UNDER 24 HRS Days Hours Min.
Male	Negro widow	ED DIVORCED	7-6-03	57	yrs Monitis	Days Hours Min.
10a JSUAL OCCUPATION (during most of working	Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or foreign country)	12 CITIZ	EN OF WHAT COUNTRY?
Boiler Room			Greenvil	le, N. C.	U.	S. A.
13. FATHER'S NAME		***	14. MOTHER'S MAIDEN N	NAME		
Willie C	hapman. Sr.		Maggie	May		
15. WAS DECEASED EVER IN		SOCIAL SECURITY NO. 17. II	NFORMANT	NIECE	Address	
No	, give was or advacor services	A	nnabel Chapm	11		Bond Street
	Enter only one cause per li					INTERVAL BETWEEN
		advanced pul	monary tuhan	culosis wi	th	ONSET AND DEATH
00	1 W	ity right. An			. 611	
	-	Trà LIEUr's WI	earlem of th	e Aorta		
Conditions, if ony, gove rise to imme	diote					
couse (a), staling the						
lying couse lost.) (c)					L. Co
PART II OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIE	ON G VEN IN PART	PE REORMED?
5						YES NO
PART II OTHER S	NDERLYING [] 206 DES CAUSE OF DEATH DICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port all of 1em	18)	
20c TIME OF INJURY !	Aonth, Doy, Year 20d t	NJURY OCCURRED 200 PL	ACE OF INJURY (Home, form	, 20f (City or town)	(Co	ounly) (Stote)
Hour o m.	While 19 of wor		ctory, street, office bldg., etc	-)		
		ded the deceased fram	May 20 10	60 . Mar 3	0 261	AL (1) () .
21. I certify that (I) (this hospital) attend	1961, and that	710.3 2.0 g . 19	D. May	1994	=, mar (I) (we) ast
00			death accurred at/ +_	Wh, from the cous	es and an the	date stated above
220. SIGNATORE 16.	lgars M. In	rentary	M D ATTENDING M	ED STAFF		5-20-61
22c PHYSICIAN'S	f		22d. ADDRESS	KECIOK EJ -11/13)- <u>20-01</u>
NAME (Type) Ed	gars M. Macu	lans, M. D.	Henryton	State Hosp	Henry	ton, Md.
REMOVAL (Specify)	23b DATE THEREOF	23c NAME OF CEMETERY C	-4	23d LOCATION (City,	town, or county)	(State)
	5- 25-61		w Com	Bacto _	DECLERO LDIC TO	140 -
24. FUNERAL DIRECTOR'S SI	D Linely	66 (1) 1	DATE DATE	D BY REGISTRAR 250	Circhun &	
	The state of the s					

TO HOSP! TO FUN VR A15 (4) 15M 9/59



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VR A15 (4) 15M 9/59

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MADVIANO STATE DEPARTMENT OF HEALTH

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DIVISION	OF	STATISTIC	AL RE	SEARCH	AND	RECOR	DS	BALTIA	AORE	1, MAR	LANI
		C	ERT	IFIC.	ATE	OF	DE/	HTA			

	r 2	25		CERT	IFICA	TE	OF DEATH				05	41	7
1, PLACE OF a. COUNT	Carroll			MA	RYLAND	2. [USUAL RESIDENCE (WHO STATE Mary)		b COUNTY	v	ence befor		ion)
P CITA O	R TOWN (If outsi	de corporate lim	its, write	c LENGTH OF STA	AY IN 16		c CITY OR TOWN (If o	utside corpo	rate limits, write F	URAL one	give nea	rest town	1)
	and give nearest (own)		Lyrs.3mos	s. 25d	s.	Balti	nore	N	61	.]		
	OF HOSPITAL (IF	not in haspital,	give street	address)	4		d. STREET ADDRESS					. IS RES	IDENCE FARM?
Spr	ingfield	State	Hosp:	ital			5810 Bent	on Hei	ights Ave				NO 🕽
3. NAME OF	-	FI	rst	Mide	fle		Last	4. DATE	Mai	1th	Day		Year
(Type or p		Jame	98				Chvojan	DEATH		May	12	2	1961
S SEX	6 C	OLOR OR RACE	7 MARR	HED NEVER MAR	RIED	B. DA	ATE OF BIRTH		9. AGE (In years last birthday)	1f UND	R I YEAR	IF UNDE	ER 24 HRS Min
Male	1	White	WIDOWI	ED 🗾 DIVOR	CED 🔲		8-12-71		last birthday) 9 yrs.		Doys	nours	Pyviji
100 USUAL	OCCUPATION (Gi	ve kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY	11. BIRTHPLACE (State	or fareign c	ountry)	12.€	TIZEN OF		
	ker	-,	1	-			Czecho	sloval	ria		U.	S.A.	h.
13. FATHER'S	NAME					14	. MOTHER'S MAIDEN N	IAME					
		-						-0					
15 WAS DEC		I. S. ARMED FOI		SOCIAL SECURITY N	NO. 17 IA		MANT			lress			
						S	oringfield	Medica	al Record	is			
			ouse per li	ne for (o), (b), and ((c).]	d						RVAL BE	TWEEN
F	PART I. DEATH W.	AS CAUSED BY: EDIATÉ CAUSE (:	0)	reart	Fe	5	محم						
	1773-770	DUE TO	2					.1	s 8 1				
	trans, if ony, w		b}	Lalenie	220	20	notice	Ha	ab trees	بمعد	(120	20
	rise to immed a), stating the <u>ur</u>)									•	
	ause lost.		c)										
							RELATED TO THE TERM				ART 1(o) 15	PERFO	PRMED?
			4				ease with p			cion		YES X	NO [
OR CON	CIDENT WAS UN ITRIBUTING [] CA ER, NOTIFY MEDIA	DERLYING [] AUSE OF DEATH CAL EXAMINER)	20b DES	CRIBE HOW INJURY	OCCURRE	D (Êr	rter nature of injury in	Port 1 or Par	rt II of ⊪tern. 18)				
	E OF INJURY ME	onth, Doy, Ye	ar 20d. II While	NJURY OCCURRED	20e Pt.	ACE (OF INJURY (Home, form street, affice bldg., etc.	20f. (Cit	y or lown)		(County)		(State
MED He	p m.	19	of wor					į					
21 I ce	ertify that (I)	(this haspita	il) attend	ded the decease	ed fram.		1-17 12	57.10_	5-1	2-, 19	61, th	at (I) (we) la
saw th	ne deceased a	live an	5	12-1961 . 0	nd that c	leat	h accurred 0:45	MAMram	the causes a	nd an t	he date	stated	abave
22a S G	NATURE	Ji .	4	6 6	1		ATTENIDING	ED.	CTARE			22	B DATE
1	terres	122 C	CEEL	Carsi.	100	MD	PHYS DI	RECTOR 🗆	PHYS.	May	12,	196	ł
226 PHY	(SICHIN'S ME Wype)						22d. ADDRESS					2.5	-
	Agustin	_del Ca	mpo,	M.D.			Springfield	Hosp	ital, Syl	Kesvi	lle,	Mar	ylan
	CREMATION, 23	5-1 G-C	OF /	23c NAME OF C	EMETERY O	R CR	EMATORY Com	23d 197A	TION [City, town,	or county)	(Stat	le)
24 FUNERAL	DIRECTOR'S SIG	NATURE	P	ADDRESS [~ /	1	△ 250. REC	D BY REGIS	TRAR 256 REG	STRAR'S	SIGNATUR	RE	
Tin	lova	ich 10	m.	200.41	Col	De,	HERADATE	MAY 1	7 '61	arthu	2 10	Saint	
		8.	, A,										



CERTIFICATE OF DEATH

05418

Rea. Dist. No

	5	4	2	6
_				

1	PLACE OF DEATH Co. COUNTY Mar	arroll Cou yland	nty,	MARY	LAND	2 USUAL RESIDENCE (W	here deceased	lived. If institut b. COUNTY		e before o	sdmiss on)
	b. CITY OR TOWN (IF RURAL and give ne	arest lawn)		c. LENGTH OF STAY	IN 1b	CITY OR TOWN (IF Westminis		ate limits, write R	RURAL ond gr	ve neares	t town)
	d. NAME OF HOSPITA			oddress)	•	d. STREET ADDRESS			8	- (S RESIDENC
		145 W111	is Si	reet		17.5 Willi	s Stree	t	41	Y	ES 🗍 NO
	NAME OF DECEASED	Fin	st	Middle		Last	4. DATE	Mor	nth	Day	Year
	(Type or print)	MAR	Y			COHEN	DEATH	May		1	19 6
5.	SEX	6. COLOR OR RACE	7. MAR	NEVER MARRIE		8. DATÉ OF BIRTH	5	AGE (In years			JNDER 24
	Female	White				13	1.	Jost birthday) 90 yrs.		Days H	ours Mi
10c	USUAL OCCUPATIO	N (Give kind of warking life, even if ratired	dane 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (Stole	or foreign cou	intry)	12. CITI2	EN OF WI	HATCOUNT
	Housew	1fe		At Home Russia				U	USA		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		? G	lick	nan		?					
				SOCIAL SECURITY NO	.	NFORMANT		Add	ress		
(Te	K, no, or unknown) (I	If yes, give war or dates of s	Hrvice)	2	Mı	. Ezra Cohen		2910	Smith .	Ave.	#9.
	18. CAUSE OF DEA	TH Enter only one co	use per li	ne far (a), (b), and (c)	1						AL BETWEE
	PART I. DEAT	TH WAS CAUSED BY:	10	ER - 3,1:40	8	THROMA	2120			ONSET	AND DEAT
	4 14	DUE TO	-	7 - 71 - 31		7-6-7-1					0 / 1
	Canditions, 'Fan	y which } (b	HY,	CTANSIL	1	Art, 210 SCL	22071	C CANE	V0 -		
	gove rise to in cause (a), stating t	nmediate (Due To									4.0
	ly ng couse lost	(c	1			VASCUE	AVE	\$15.643		10	8.05
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	VEN N PART	F	WAS AUTOL PERFORMED S NO
CERTIFI	20d. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRE	D (Enter noture of injury in	Port I or Port	Il of item 18)			
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Month, Doy, Ye	While	NJURY OCCURRED Not while		ACE OF INJURY (Home, for ctory, street, office bldg., el		ar tawn)	(C	ounty)	(St

21 I certify that I attended the deceased from JAV-20, 1959, to 1961, that I last sow the deceased alive an 1962/432, 1961, and that death accurred at 65 AM. from the causes and on the date stated above

ADDRESS (Street, city or town, state)

PHYSICIAN'S NAME (Type)

220 BURIAL CREMATION, 226 DATE THEREOF 5/2/61.

22c NAME OF CEMETERY OR CREMATORY Mishkon Israel

22d. LOCATION (City, fown, or county) Baltimore, Md.

57-41257 6, Just

Burial 23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

ADDRESS

24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

TO FUNE VS A15 (4) 15M 9/5B

TO HOSP

sly fille in y the funeral director, Poges 1 and 2 should be filled with

the attending physician and completely fille

remove carbos papers.

LOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2

L DIRECTOR: After this certificate has been signed by the haspital ar attending physician.

page 3 should be detached for use as the burial-transit

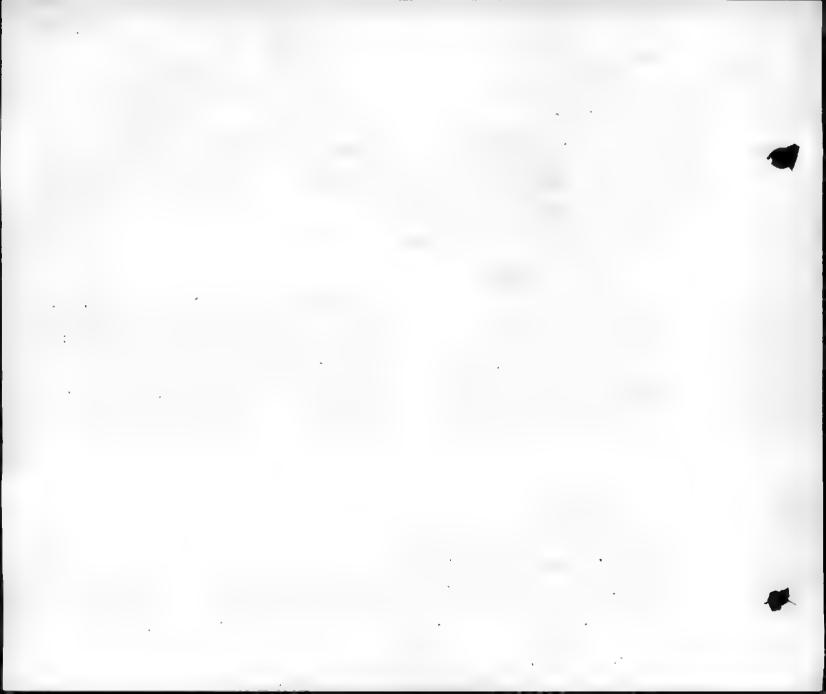
the registrar prior to burial, cremotian, or

s after death. Page

Sol Levinson & Bros. Inc. 6010 Reist. Rd.

DATE MAY 2

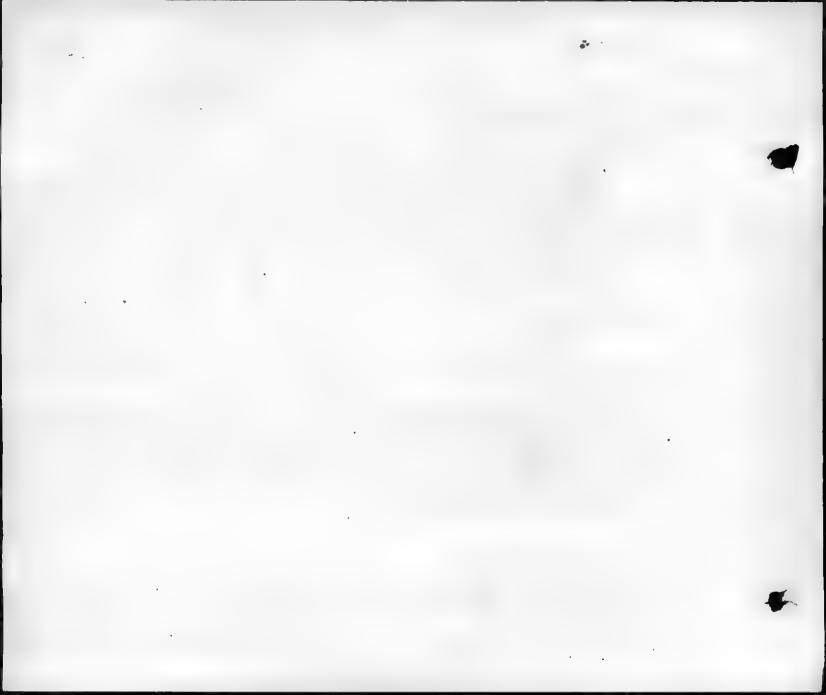
arthur S. Krana



VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		5427	(CERTIFICA	TE OF DEATH	<i>;</i> .		u5419
1	PLACE OF DEATH	rall		MARYLAND	2 USUAL RESIDENCE (W	here deceased fived. If m		before admission)
1	b CITY OR TOWN (IF	outside corporate limi	ts, write c. LENGT	TH OF STAY IN 15	c. CITY OR TOWN HE	outside corporate limits, v	vrite RURAL and giv	e nearest town)
ļ	Kural K	457111111111111111111111111111111111111	slu S	2 /22	d. STREET ADDRESS	Watnu	molec	e. IS RESIDENCE
4	OR INSTITUTION	· lanna	2211	16	Men Mm	umi mi	lla.	ON A FARM? YES NO FE
,	NAME OF DECEASED (Type or print)	THOMAS	PAP	Middle	COLE	4. DATE OF DEATH	Month MAY	Day Year 30 1961
	mal:	6. COLOR OR RACE	7. MARRIED NI	EVER MARRIED DIVORCED	DATE OF BIRTH	9. AGE (In lost birth	7,100	YEAR IF UNDER 24 HRS. loys Hours Min.
	during most of work	ing life, even if repired)	BUSINESS OR INDU	STRY 11. BIRTHPLACE State			NOF WHAT COUNTRY?
ľ	13. FATHER'S NAME	ypuwana a	1)		14. MOTHER'S MAIDEN	NAME	111	
-	IS. WAS DECEASED EVER	PINIL S ARMED FOR	CES? [16, SOCIAL SE	CUPITY NO. 17 ff	NFORMANT /	res some	Address	
		If yes, give war or dates of s		_ 0	Denter 1	Ite M	restru	nota mil
F		TH [Enter only one co	use per line for (o),	(b), and (c).]	A // \			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	-	nam () eclusion			12 hours
	Conditions, if ar	and the A	I ma	terement	Thend Dis	our		3115
	gove rise to in cause (o), stating t lying cause last.	nmediote (0	, , , , , , , , , , , , , , , , , , , ,				
	PART II. OTH			TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIC	N GIVEN IN PART	1(6) 19 WAS AUTOPSY PERFORMED? YES NO
	U (IF E THER, NOTIFY .	DERLYING DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOV	W INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of item 1	8.)	
	ZOc. TIME OF INJURY Hour o.m.	Y Month, Day, Ye]	while fo	ACE OF INJURY (Home, farr clary, street, office bldg., etc		(Co	unly) (State)
	21 I certify tha	t (1) (this haspital			Man 30 19	M from the course	*	
	220 SIGNATURE	Lus C	hork		ATTENDING /M	STAFF PHYS		226 D/TE 5/GN50
	22c PHYSIC AN S NAME (Type)	Julius	Chep	ko	85% U	1. Grean	Westen	mete Ned
	BURIAL, CREMATION BEMOVAL (Specify)	0/2/6	23c NA	ME, OF CEMETERY C	CREMATORY CREMATORY	23d LOCATION (City,	Notran	(Stote)
[24 PONERAL DIRECTOR'S	SSIGNATURE S	Mest	Mundle	mil	D BY REGISTRAN 256 JUN 5 '61	REGISTRAR'S S GN	`
2	/	//-						



DIVORCED [T]

10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) Accounting - Government - New York

None

Bronchooneumonia

left groin

23b DATE THEREOF 23g. BURIAL, CREMATION, REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE

5423

Carroll

White

15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

IMMEDIATE CAUSE (a)

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

DUE TO

DUE TO

(b)

WIDOWED F

RURAL and give negrest town)

Hugh J. Connolly

Conditions, if any, which

gave rise to immediate

cause (o), stating the underlying cause lost

20c. TIME OF INJURY Month,

NAME (Type)

PART I DEATH WAS CAUSED 8Y

Chronic brain syndrome.

200. ACCIDENT WAS UNDERLYING I

(IF EITHER, NOTIFY MEDICAL EXAMINER)

Sykesville

PLACE OF DEATH

OR INSTITUTION

o. COUNTY

DECEASED

S. SEX

No

DICAL

(Type or print)

Male

13. FATHER'S NAME

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City, town, or county)

STAFF PHYS TO

Springfield Hospital, Sykesville, Md.

b. COUNTY

May

Address

Months

9. AGE (In years

last birthday)

Montgomery

e. IS RESIDENCE

FUNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

> INTERVAL BETWEEN ONSET AND DEATH

> > Davs

Months

ON A FARM?

YES NO K

1961

(Stole)

25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR

DATE

o. m. p. m. 21. I certify that (I) (this haspital) attended the deceased fram April saw the deceased alive an May 220. SIGNATURE 22c PHYSICIAN'S

Doy,

20d. INJURY OCCURRED While Not while at work at wark

Agustin del Campo M.D.

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, affice bldg., etc.)

ATTENDING

22d. ADDRESS

PHYS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY

206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.)

June 16, 1893

14. MOTHER'S MAIDEN NAME Anne Manley

Carcinoma of the bladder with metastasis to the

Springfield Hospital Records

17. INFORMANT

MED.

19 61, to May 15.

and that death occurred at 7:44 from the causes and an the date stated above.

DEATH

22b, DATE

SIGNED

(Stote)

PERFORMED?

YES NO

(County)



MARYLAND	STATE DEPARTME	NT OF HEALTH-BA	LTIMORE, 18	1		
	AL EXAMINER'S	CERTIFICATE OF	DEATH	Rog, Dist. Nd	154	21_
1. PLACE OF DEATH TO Carroll	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE Maryland		Residence bef Carroll		ssion)
b. City OR TOWN (if swiide corporate limits, write BURAL and give recreat fown) Finksburg	c. LENGTH OF STAY IN 16	c. City OR TOWN (If outside co	orparate limits, write RUI	RAL and give n	arest to	wn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in h Cedarhurst Road	nospital, give street address)	d STREET ADDRESS Cedarhurst Ro	pad		ON	SIDENCE A FARM?
3. NAME OF First DECEASED (Type or print) Arthur	A, Middle DeMoss	Lost 4. DATE DEATH		Doy		961
5. SEX Male 6. COLOR OR RACE 7. MARK WIDOW	VED DIVORCED	August 10,1001	8079 yr. Mg	onths Days	Hovrs	FR 24 HRS Min,
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscaping	. KIND OF BUSINESS OR INDUSTI Gardner	11. Birthplace (Stote or foreign Maryland	country)	12. CITIZEN OI		COUNTRY
John DeMoss		14. MOTHER'S MAIDEN NAME Emma Belt				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (1/or. no, or unknown) (If yes, give war or dates of service)		hn Delioss, 9 Dunk	cirk Rd.Balt	imore	,12,1	٧d.
PART I. DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoling the underlying couse lost. DUE TO (c)	crouer	y Thromps	ceij	\$	VAL BETWEEN AND DEA	Hu
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFICANT CONDITIONS		OT RELATED TO THE TERMINALDISEA				NO X

PRIMARY | or CONTRIBUTING |

p. m.

20c. TIME OF INJURY Month, Day, Year o. m.

20d. INJURY OCCURRED Not while

20e. PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street, office bldg., etc.)

> CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

(County)

(State)

While Not while at work

death resulted from: Natural couses X/

21. I certify that I took charge of the remains described above, held on Autopsy [...], Inspection [X],

Inquiry Accident . Suicide . Homicide . Undetermined couse .

ond find that

EXAMINER'S NAME (Type)

22a. BURIAL CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CHEMATORY

DEPUTY MEDICAL EXAMINER TY 22d. LOCATION (City, town, or county)

Finksburg, Md.

(State)

May 10, 1961 Burial 23. FUNERAL DIRECTOR'S SIGNATURE

Finksburg Cemetery

24o. REC'D 8Y REGISTRAR

246 REGISTRAR'S SIGNATURE

J.F.Eline & Sons, Reisterstown, Md.

Chilms S. Thous

VS. A15ME(5) 5M 9/55

forv

TO FU



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH il director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission o. COUNTY g. STATE b. COUNTY MARYLAND Carroll Balto.City the funeral c should be fil CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) Sykesville 2vrs.Lmos.10davs Baltimore 24 d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 20 1409 Tennant Way Springfield State Hospital YES NO TO 4. DATE OF DEATH NAME OF Middle Month Day Year DECEASED filled Desell Anthony 30. Pages death (Type or print) May 19 61 1893 S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH completely 1gst birthday) Months Days Haurs March 9. DIVORCED [T] Male White WIDOWED TT papers. ŧ 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland pup Carpenter 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph Desell *专名表名表名 Anne McCoy physicia 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO Address Springfield Hospital Records attending No 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: Bronchopneumonia Days IMMEDIATE CAUSE (a) **DUE TO** ģ Conditions, if any, which Ē gned gove rise to immediate pe DUE TO couse (a), stating the under-22 lying couse lost. buriol-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY C.B.S. assoc. with brain trauma, gross force with psychotic reaction. emation, YES TO NO A 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) factory, street, office bldg., etc.) AED o. m. While Nat while After this at work of work 21 I certify that (1) (this haspital) attended the deceased from January 20, 1969 to May 30, 61, and that death accurred at 4:30%) If am the causes and an the date stated above. 19 saw the deceased alive an nined by the DIRECTOR: 220 SIGNATURE 22b DATE ATTENDING PHYS. MED DIRECTOR STAFF PHYS. M D 226 PHYSICU 22d. ADDRESS delCampo, M.D. Springfield Hospital, Sykesville, Md. Agustin poge 3 the Stat D FUN BUR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) (State) REMOVAL (Specify) Buria Moreland 25b. REGISTRAR'S SIGNATURE 24 FUDIERAL OVRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) DATEIN

after death.

within 24

0

O HOSPIT



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

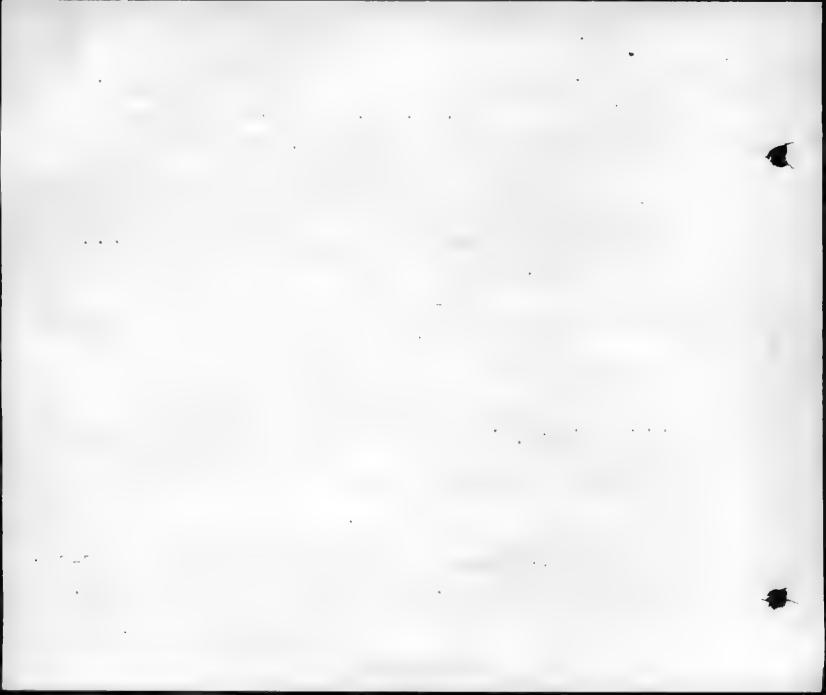
05423

_ · ·	CERTIFICATE OF DEATH											
	1. PLACE OF DEATH a. COUNTY		- CTATE	ere deceased lived. If institution b, COUNTY								
ě (M)	Carrott	MARYLAND	Maryla	and	Balto.City							
2	b CITY OR TOWN (if outside carporate limits, write RURAL and give peorest town) Sykesville	c. LENGTH OF STAY IN 16		RAL and give nearest lawn)								
should	d NAME OF HOSPITAL (If not in hospital, give street	3yrs.5mos.13d		iore	is pesinence							
2012	Springfield State Hosp		847 S. Dallas Street									
Pue	3 NAME OF First		Falkenhan	4. DATE Month								
<u>z</u> €	OFCEASED (Type or print) Benjamin	and the second s	Falkenham or	OF HTAN								
Pages r death	S SEX 6 COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS							
ofter of	Male White widow	/ED DIVORCED	March 17, 189	71 yrs	Months Days Haurs Min							
remove carbon papers.	10a USUAL OCCUPATION (Give kind of work dane 10b during most of working life, leven if retired)	KIND OF BUSINESS OR INDU			12 CIT ZEN OF WHAT COUNTRY?							
72 ho		Metined	Maryland		U.S.A.							
dr. T	Charles Falkenham		14. MOTHER'S MAIDEN NA	and a								
in the second se	/	COCIAL SECURITY NO. 127 III	Mary -									
	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. In a or unknown) (If yes. give wor or dottes of service) 218-09-5215 Springfield Hospital Records											
please 1 any e	IB CAUSE OF DEATH [Enter only one cause per f				INTERVAL BETWEEN							
d in	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	ronchopneumonia	1		days							
E 6	DUE TO											
ovo la	Canditians, if any, which (b) (b)											
e e E	cause (a), stating the <u>under-</u> DUE TO lying cause last. (c)											
ansi, ar	Z PART II OTHER'S GNIF-CANT CONDIT ONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM N	IAL DISEASE CONDITION GIVE	N IN PART I(a) 19 WAS AUTOPSY							
urial-tra	C.B.S. assoc.with circ.disturbance, with cerebral arteriosclerosis, with psychotic reaction.											
- B		SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	art I or Part II of item 18.)								
riol,		INJURY OCCURRED 20e PL	ACE OF INJURY (Hame, farm,	20f (City or tawn)	(County) (State)							
D b	Hour a.m. While	i da	ctary, street, affice bldg., etc.)	l l	(40011))							
detached for Health prior Health prior	21 1 certify that (I) (this haspital) attent	ded the deceased fram	Nov. 18. 195	7 to May 1	19.61_, that (1) (we) last							
ith p	saw the deceased alive on May 1.											
detach Health	22a SIGNATURE	1	ATTENDING MEI	CTAGE	22b DATE							
d of d	Legeralm Cle CA	mpo	M.D ATTENDING MEI	STAFF PHYS	May 1- 1961°							
snauld be e Board of	NAME (Type) Agustin delCa	impd, M.D.		Hospital,Syke	esville,Md.							
page 3 st	23a BUR AL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY	23d LOCAT ON (C'ty, town, or	caunty) (State)							
the the	IABRIAL HAY 3- 61		(semor Com-	Bear Rd	Balto. 6 Md.							
(4)	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 4	/ \ \ \		rak's SIGNATURE							
(4) 59	Harrie July	860 1. Junto	DATE TO	,ni 0								

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be united by the haspital an attending physician.

TO FUN: | INRICTER: After this mentificate has been signed by the attending playsician and computerly filled with the funeral director.

TO FUNZ VR A1S 1SM 97



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

٠.		-	****			P-4				_	
	C	E	RT	IF	IC.	A	ΓE	OI	F D	EA	TH

	54	32		CERTIF	ICAT	E OF DEA	TH			1:57	124
1	PLACE OF DEATH G. COUNTY	Carroll		MARYL	11	USUAL RESIDENCE o. STATE	CE (Where decea	sed lived it institut b. COUNTY	1 -		ndmission)
	b. CITY OR TOWN (If RURAL and give ne Sykesvil	outside corporate limits, crest lawn)	write c. l	ENGTH OF STAY!	N 16		N (If outside cor Llstown	porate limits, write	RURAL and g	ve negresi	town)
	or INSTITUTION Springfie	AL (If not in haspital, give ald State Ho:	street oddre	955)		d. street ADDR Walnut		En garden	X	(S RESIDENCE ON A FARM? ES NO
3	NAME OF DECEASED (Type or print)	First Nora		Middle May		Flater	4. DATE OF DEAT	Th.	lay	29	Year 19 61
5	Fem Fem	l W	MARRIED [D-VORCED		6/9/73		9 AGE (In years lost birthdoy) yrs	Months		JNDER 24 HRS lours Min.
10	during most of work	N (Give kind of work doring life, even if retired)	e 105 KIND	OF BUSINESS OF	R INDUSTR	Mar	yland	country)	12 CITIZ	U.S.	HAT COUNTRY
13	Thomas a	ylor				Anne Leg					
15 (Y	. WAS DECEASED EVER	R IN U. S. ARMED FORCE If yes, give war or dates of servi-	S? 16 SOC	AL SECURITY NO.		ormant ospital Re	ecords	Adı	dress		
		nmediate (DUS TO	Bron	col. (b). ond (c).] nchopneum	onia	neration				ONSET	AL SETWEEN SYND DEATH nths
CERTIFICATION	PART II OTH CBS as 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	FR SIGNIFICANT CONDITIONS SOCIATED WI SUNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	thCirc	ulatory	Dist		ith Cere	bral Arto			SEDENDALENS
MEDICAL											
	saw the deceas	t (1) (this hospita) and alive an	attended		tram	ath accurred a	MED.	m the causes a			(1) (we) las ated abave 22b DATE , SIGNED
	22c. PHYSICIAN'S NAME (TYPE)	S.Glahn M.I	9.	u	M	D. PHYS 22d. ADDRESS	DIRECTOR) •	29	- lel
L	BURIAL CREMAT O REMOVAL (Specify) Burial FLNERAL DIRECTOR	6-1-1961		8728 Lit	e Pa	rk Cemete	ery B	AT ON (C ty, town, altimore, ISTRAR 256 REC	M SISTRAR'S SIG		(State)

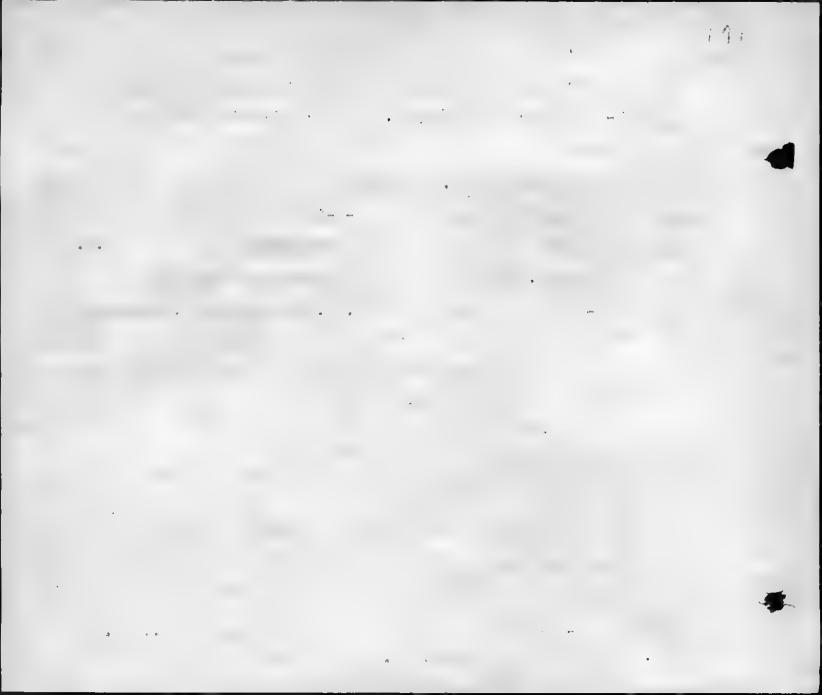


15M 9/60

MARY	LAND	STATE	DEPAR	TMENT	OF	HEALT

H DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7	5433	CERTIFICATE OF DEATH	00425
1	1. PLACE OF DEATH	Il 2. USUAL RESIDENCE (Where decees	ed lived, If institutioni Residence bafore admission)
1	a. COUNTY	e. STATE	b. COUNTY
1	Carroll	MARYLAND Maryland	Carroll
-1		LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporete	l mits, write RURAL and give naerest fown)
4	rural Finksburg	56 yrs. ruralFinks	shing
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite		I a. IS RESIDENCE
п			ON A FARM?
Ц	at Gamber	at Gamber	YES X NO
1	3. NAME OF First DECEASED	Middle Last 4. DATE OF	Month Day Year
-1	(Type or print) THOMAS	M. FLATER DEATH	MAY 10 19 61
ı	5. SEX 6. COLOR OR RACE 7. MARRIED		GE (in years, IF UNDER 1 YEAR, IF UNDER 24 HRS.
4			t birthday) Months Days Hours Min.
1	male white WIDOWED	DIVORCED 1-1-1880	В 1 уга.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore	gn country) 12. C TIZEN OF WHAT COUNTRY?
-1		ner Maryland	U.S.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	Tales M W2 at a	m Mathautma Day	and net as
	John N. Flate:		nnington
	(Yes, no, or unkown) (Ifyesgive werordetes of service)	LIAL SECORIT NO. 17. INFORMANT	Address
-	_ no _ no	ne Mrs. A. Goldie Flat	ter, same as #2
4	18. CAUSE OF DEATH [Enter only one couse per lang f	for (e), (b,, end (c).)	INTERVAL BETWEEN ONSET AND DEATH
-1	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	sonary prombosis	KBO MINHT
-1	1920.1		1
- 1	DUE TO MA	The source	solus Que
-1	Conditions, if any, which	of a consult - New Myser	- and ogue
	geva rise to Immediate cause (a), stating the underlying DJETO	+ / /	
	couse lost.	Worklooke-	gears
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART MAI 19. WAS ALTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TOTAL TO THE TOTAL TO		YES NO P
- 1	E 200. ACCIDENT WAS UNDERLY NG L 200 DESCRIB	BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of I	
1	OR CONTRIBUTING TI CAUSE OF DEATH	X HOW INDOX! OCCORED! (Enter nature of inflaty in Fact 1 of Fatt 1 of	16 18.
-1			
	20c. TIME OF INJURY Month, Day, Year 20d. INJU	JRY OCCURRED 20s. P. ACE OF NJURY (Home, farm, 20f. (City or the Not While factory, street Office bldg., etc.)	(County) (Stete)
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJU Hour a.m. While at work	Not While factory, street office bldg., etc.)	
		the decord from / = /= 430 to 5	-/0 - , that (I) (we) last
	21. I certify that (I) (this hospital) alrended	the deceased from.	
	saw the deceased alive on		e causes and on the date stated above.
	22e. SIGNATURE	ATTENDING MED S	STAFF SIGNED
п	Kimes J. Has	MID. 1	HYS. 1 0-11-61
۱	22c. PHYSICIAN'S I	22d. ADDRESS	to seed the
н	James Cil	saffell / seisters	(1VV/Y, /1/9
	230. BUNAL, CREMATION, 23b. DATE THEREOF 23	36. NAME OF CEMETERY OR CREMATORY 23d. LOCATIO	ON (City, town or county) (Stell)
ı	REMOVAL (Specify)		13 C- Wa
۱	DOLLAND DESCRIPTION 1901	Providence Carro	256, REGISTRAR'S SIGNATURE
	24 FUNERAL DIRECTOR'S SIGNATURE		Chilan S. thrus
	C. M. Waltz, Winf	ield, Md. DATE MAY 15'61	CAMBONI M. 1 VIII



MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

	5434 CERTIFICATE OF DEATH Reg. Dist	No.U5426
)	1. PLACE OF DEATH o. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)	12666
	d NAME OF HOSPITAL (If not in haspital, give street oddress) d NAME OF HOSPITAL (If not in haspital, give street oddress) d STREET ADDRESS ANNUERY ROLL ANNUERY ROLL ANNUERY ROLL ANNUERY	IS RESIDENCE ON A FARM? YES NO D
	THE PART OF THE PA	Day Year 19 YEAR IF UNDER 24 HRS. Days Haurs Min
		EN OF WHAT COUNTRY?
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address (YEAR DO. OF UNKNOWN) NO. 18 (If year, give wor or dates of service) NO. 18 (ILLIAN) GARBER KEYMAR	M.D
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stoting the underly lying couse lost. (c)	INTERVAL BETWEEN ONSET AND DEATH
	PART IT OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)	1(0) 19 WAS AUTOPSY PERFORMED? YES NO P
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ounty) (State)
	21 I certify that I attended the deceased from	
	PHYSICIAN'S NAME (Type) 220 BJRIAL, CREMAT ON, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVA. (Specify)	(Stote)
	BURIAL MAY 22-1961 HAVE HS FREDERICK C.C. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ? 240 REC'D BY REGISTRAR 246, REGISTRAR'S SIGN WAS HARRY & SUNS Union Bridge May 23'61 Carlling 8. 4	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5435

CERTIFICATE OF DEATH

1.5100

		Q=1(1111Q/A				00461
1,	PLACE OF DEATH		2 USUAL RESIDENCE (Who			ence before admission)
/ '	Carroll	MARYLAND	o. STATE Marvland	b t	COUNTY Ralt	imore
	CITY OR TOWN (If gutside corporate limits, we	te c. LENGTH OF STAY IN 16	CITY OR TOWN (if o	utside corporate limit		
	RURAL and give nearest town) Sykesville	1 mo. 5 das	Baltimore	7.7	(1 X
	NAME OF HOSPITAL (If not in hospital, give st	reet address)	STREET ADDRESS			e IS RESIDENCE
	Springfield Hopsital	,	1	der Avenue		ON A FARM? YES NO
					**	
	NAME OF First DECEASED	Middle	Last	4 DATE OF	Month	Day Year
	Type or print) Thomas	Harris	Gaskins, Sr.	DEATH	May	5 1961
5	6 COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9, AGE (in years IF UNDI	ER 1 YEAR IF UNDER 24 HR
ŀ	Vale White WID	OWED DIVORCED	12-18-75	8:	5 угз.	100,0
	USUAL OCCUPATION (Give kind of work done defing most of working life, even if retired)	106 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12 C	ITIZEN OF WHAT COUNTRY
	Seam fitter	-	North Ca	rolina		U.S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN N			
	Thomas Coaldes		F11en	Wheeley		
	Thomas Gaskins was deceased ever in u. s. armed forces?	16. SOCIAL SECURITY NO. 117. IN		WITGO TC A	Address	
b,	no, or unknown) (If yes, give war or dates of service)			73		
ř	res Spanish Americ		Springfield	Kecoras		In the second of the second
ľ	1B. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY:	er line for (o), (b), and (c).				ONSET AND DEATH
l	IMMEDIATE CAUSE (0)	Bronchopneumoni	8			days
l	19/X DUE TO					
	Conditions, if any, which } (b)					
ŀ	gave rise to immediate DUE TO					
	lying couse lost. (c)					
ľ	PART II OTHER SIGNIE CANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERME	NAL DISEASE CONDI	TION GIVEN IN PA	ART 1(0) 19 WAS AUTOPSY
I	Cabinanhannia manati					PERFORMED?
ŀ	Schizophrenic reacti	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	ort I or Port II of ite	m 1B 1	
	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		an famou maior as sulos such		,	
H	20c TIME OF IN. JRY Month, Doy, Year 20	A INITIAN OCCUPANT 20- BI	ACE OF NJURY (Home, farm,	20f (City or town)		(County) (State
-	Hour o. m. w	hile Nat while for	ctory, street, office bldg., etc.			(County) (Stote
L		work of work				
Į.	21 1 certify that (I) (this haspital) at	tended the deceased fram.	March 30, 19	61 to M	ay 5 , 19.	61, that (1) (we) la
Ì	saw the deceased alive an May		death accurred all:1	A. All the car	uses and an t	he date stated above
<u> </u>	220 SIGNATURE	7		,		22b DATE
ĺ.	Constru del (1	Amiso ma	M D PHYS DI	D STAFF	May	5. 1961 S GNE
ŀ	22c PHYSICIAN'S NAME (Type)	11	22d. ADDRESS			<u> </u>
	V Agustin del Campo	. м.р.	Springfiel	d Hospita	1. Sykes	ville, Md.
ļ					manifest and some	
	BUR AL GREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	, 111	23d OCATION (CIT	- //	(State)
1	JURIA 3-8-61		MEMORIE/ CEM	NA/ZIMO.		NIV
F	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS E	1 10-1		256 REGISTRAR'S	
į	-443 F EVANS + SON	8802 HAR TORA	DATEMAY	8 '61	Chillum &	, Theka

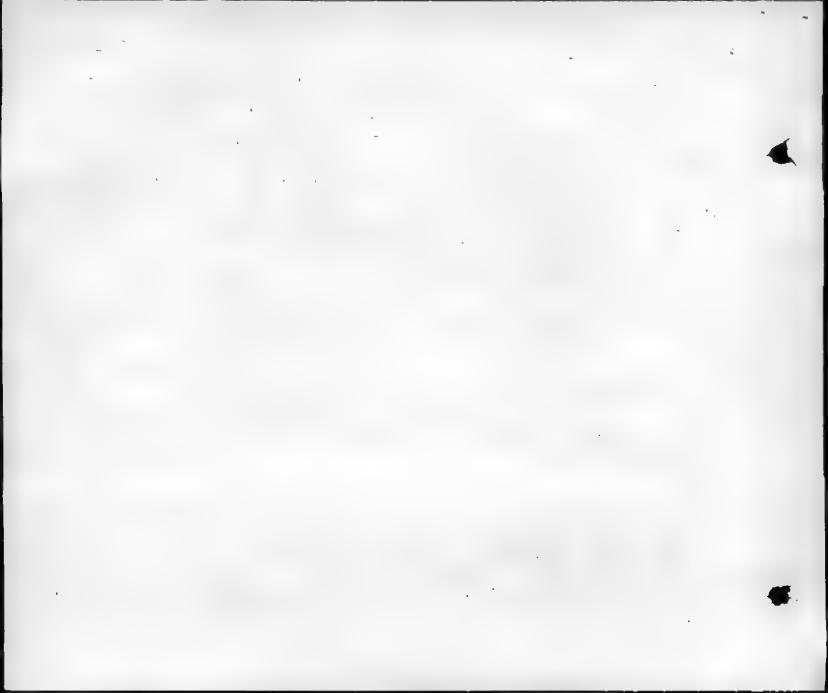
Ly the funeral director, 2 shauld be filed with may be pined by the haspitat ar attending physician.

TO FUNT DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, crematian, ar removal, and in any event within 72 hours ofter death.

OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24

rs ofter death.

TO HOSPITAL VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

Winfield, Md.

15,400

1			9620	CERTIFIC	CAIL	OF DEAT	Н		U	040.	5
۱Ē	1. F	LACE OF DEATH				USUAL RESIDENCE	Where decease		ion Residence	before adm	nission)
	c	COUNTY	Carroll	MARYLA	ND	o. STATE Mary	rland	P. COUNTA	arrol	L	
ľ	E	CITY OR TOWN	(If outside corporate limits, v	vitte c LENGTH OF STAY IN	Tb s	C CITY OR TOWN	If outside carpo	orate limits, write f	RURAL and giv	re nearest to	own)
1		rural-	- Sykesvill	e life		rural-	Sykes	ville			
ľ	•	OR INSTITUTION	ITAL (If not in hospital, give:		1	d. STREET ADDRESS	*			e 45 F	ESIDENCE
		R				R.D. #	4 3				NO TO
	3. I	NAME OF DECEASED	First	Middle	1-7	lasi	4. DATE	Мог	n th	Day	Year
		Type or print)	JAMES	F.	Jt 3 :	3525-626,	DEATH	MA	atta tare t	V	1961
1	SS	£Χ	6 COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. D	ATE OF BIRTH		9 AGE (In years last birthday)		YEAR IF UN	
		male	COTOLCO	DIVORCED		0-12-188	80	80 yrs.		075 1100	15 194111.
1	10a	during most of wo-	ON (Give kind of work done rking life, even if retired)	106 KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE (See	ate or foreign o	ountry}	12 CITIZE	N OF WHA	T COUNTRY
l		labore		farm		Mary	land		U	.S.	
	13.	FATHER'S NAME			1.	4. MOTHER'S MAIDE	N NAME				
1			Timothy G	assaway		Eliza	Will:	iams			
1	15. ' (Yes	WAS DECEASED EV	ER IN U. S ARMED FORCES		17 INFOR	MANT		Add	lress		
		no		none	Mrs	. Katie	Gassa	way.	sam	8	
		18 CAUSE OF DE	ATH [Enter only one cause	per line far (a), (b), and (c) }		1.0		~		INTERVAL ONSET A	
l		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	1820 61.2	. Lo	CEER	es & le	2001		724	F44
ĺ		331	DUE TO	11	/	. 2 - 6		0			
ı		Conditions, if		C 2 7268,	66 67	21 802 6				1,0	with the
1		gove rise to couse (a), stating		. 5	120	1 20	216	,		, +	
1		lying couse lost		in Mount	2696	17 17-6	4 6, 6	- 1 Ca 82	** 1	- 17	4 }
1	é	PART H OT	THER SIGNIFICANT CONDUT	ONS CONTRIBUTING TO DEAT		T RE ATED TO THE TEL	RMINAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19 WA PER	AS AUTOPS' RFORMED?
1	2		fred.	valle Le	7 1221		X-11-2			YES	☐ NO [
1	CERTIFICATION	OR CONTRIBUTION	YAS UNDERLYING ☐ 20t G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	JURRED. (E	nter nature of injury	in Part I or Par	rt (Cof item 18.)			
		20c TIME OF NJU		20d INJURY OCCURRED 20	De. PLACE	OF INJURY (Home, fe	grm. 20f. (Cit	v or town)	IC:	uniy)	(Stat
ı	MEDICAL	Hour a.m	10	While Not while	foctory	, street, office bldg.,	etc.)	,,	(00		(D.G.
ı	₹	p m.		at work at work	۲,۰	A P . 2		1.4. 21	P1	/	
1			A	ttended the deceased fr			1912ta_		19.62		
ı		saw the deced	sed alive an Just	1-1-7-19 6/ and H	nat deat	h accurred at 12	M, fram	the causes a	nd an the	date stat	ed abave 226. DATE
ı			Sizer !	with will	M D	ATTENDING PHYS.	MED DIRECTOR [STAFF PHYS.	May	20,0	SIGNE
l		22c PHYSICIAN'S NAME (Type)	Sani C	Kutmar	t.	22d. ADDRESS Syke	svill	e, Md.			
1	23a	BURIAL CREMATI	ON, 236 DATE THEREOF	23c NAME OF CEMET	ERY OR CR			TION (City, town,	or county)	(5	itole)
1		"BURT'AL"	5-23-196	1 White R	lock		Car		Ma		
-	24	FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		25a g	EC'D BY REGIS	TRAR 256 REG	ISTRAR'S SIGN	NATURE	434
		C. M.	Waltz. W	infield. Md.		DASED	Y 23 '61	- "	1 - 8 M	and the	

Page 4 - the funeral director, should be filed with after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 moy to plained by the haspital or otherding physician.

TO FUN. I DIRECTOR: After this certificate has been signed by the otherding physician and campletely fille page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages at the State Board of Health prior to burial, cremotian, or removal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59



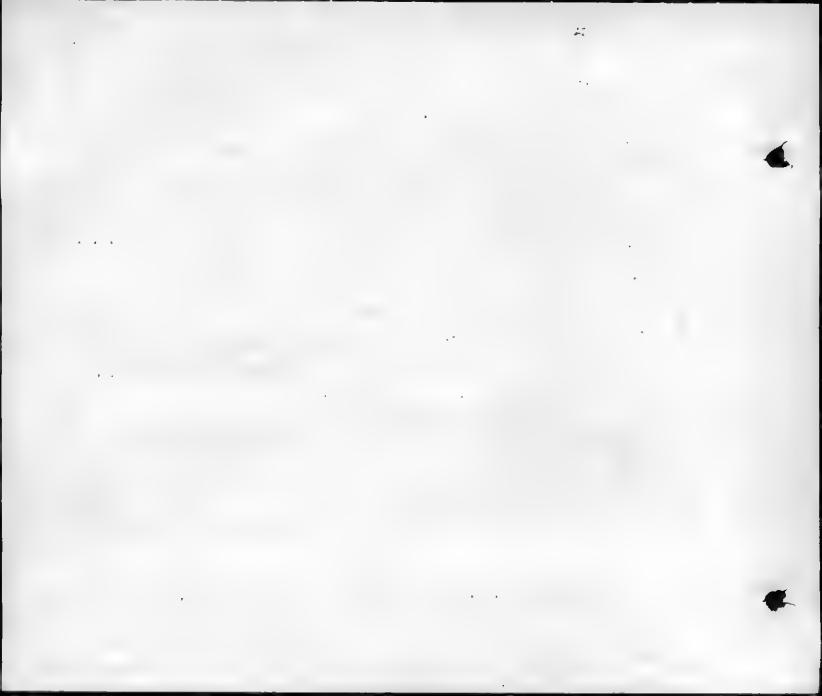
CERTIFICATE OF DEATH

05429

5 ± /

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY 6 COUNTY MARYEAMU Carroll Marvland Montgomerv b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural - Sykesville 2 yrs. 20davis Silver Spring d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? Springfield State Hospital 210 Indian Spring Drive YES NO NO DATE Month Year DECEASED Charlotte GOODELL 1961 Blanche DEATH MAY 1.0 (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years per birthday) Months Days Haurs 2-25-1881 Female White WIDOWED 🙉 DIVORCED | yrs. 12 CITIZEN OF WHAT COUNTRY? 10a, USUA, OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) U.S.A. Practical Nurse - Housewife Towa 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME James C. Hill Mary Jane Ball 17 INFORMANT Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 578-30-li687 Hospital Records No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) DUE TO Occlusion of trachea and bronchi with pureed foods. Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the under-Chronic rheumatic heart disease Years lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? Chronic brain syndrome YES NO associated with cerebral arteriosclerosis, with psychotic reaction 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) Day, Year (County) factory, street, affice bldg., etc.) Hour a m While Not while at wark at wark 5-10 21 1 certify that 🕮 (this haspital) attended the deceased fram. 11-20 19 61, that (1) (we) last 1961 , and that death accurred at 1.2Noon om the causes and an the date stated above saw the deceased alive an. 22a SIGNATURE 226 DATE SIGNED ATTENDING STAFF PHYS. IX MED DIRECTOR PHYS 22d. ADDRESS 22c PHYSIC AN'S Springfield State Hospital NAME (Type) Ilse Kamm. M. Sykesville. Maryland 23a BURIAL, CREMAT ON, 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Specify) Whealon SUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE DATE MAY Collins & Trans

VR A



5438

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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M)

y the funeral director, 2 should be filed with may be directly the haspital are attending physician.

OFUNK DIRECTOR: After this certificate has been signed by the attending physician and campletely filled of FUNK DIRECTOR: After this certificate has been signed by the attending physician and campletely filled bogge 3 should be detached for use as the burich-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death TO FUNE

OR ATTEMENING MHYSICIAN: The fam requires that the dmath contificate be executed within 24 haurs after death

TI HOSPITAL

VR A15 (4) 1SM 9/59

1. PLACE OF DEATH o. COUNTY	Carroll		MAR	YLAND	2 USUAL RESIDENCE (WHO o. STATE Maryle		d lived If institute b COUNTY	an Residence	e befare	odmissie	bn)
b CITY OR TOWN (I RURAL and give no Sykesvi		s, write c	JENGTH OF STAY		c city or town (if o		orate limits, write R	URAL and g	jive near	est lawn)	
OR INSTITUTION	TAL (If not in hospitol, gi		_		d STREET ADDRESS				е	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Firs Suza		Middle Alethea		Goodrich	4. DATE OF DEATH	Mon	th	Poy 7		9 les
s sex Female	6 COLOR OR RACE White	7. MARRIED WIDOWED [_		July 15, 188	37	9. AGE (in years last birthday) yrs	IF UNDER Months	P YEAR Days	Haurs	R 24 HRS Min
during most of work Cashier	ON (Give kind of work d king life, even if retired)	lane 10b. KIN	ID OF BUSINESS (OR INDUS	TRY 11. BIRTHPLACE (Stole Marylar		country)		ZEN OF		OUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN N						
William				1	Margal	ret Tu					
	R IN U S ARMED FORG		19-14-18	52 17 IN	Springfield	d Hosp	ital Rec				
Canditions, if a gave rise to i cause (a), stating lying cause last	the under-	Con Prs	CV	7	al infar	ion				. Was a	HITOBOX
C.B.S. as:					osis, with ps			on . Pak	1 1(0) 19	PERFOR	NO P
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIE	BE HOW INJURY (CCURRE	(Enter nature of injury in	Part I ar Pa	rt II af item 18 }				
20c. TIME OF INJUR Haur a. m. p. m.	RY Manth, Day, Yea	While _	RY OCCURRED Not while of work		CE OF INJURY (Hame, farm tary, street, affice bldg., etc		y ar lawn}	(0	[aunty]		(State)
21 I certify the	/	ottended 7			March 17, 19		/	19 d an the			we) last above
220 SIGNATURE	tru del	Cm	who m	6	M.D. ATTENDING M.PHYS DI	ED IRECTOR	STAFF PHYS			22b	SIGNED
22c. PHY CIAN'S NAME (Type)	Agustin de	1Campd	, M.D.		Springfie	ld Hos	spital,Sy	kesvi	lle,	Md.	7
23a BURIAL, CREMATIC REMOVAL (Specify	NACY 16	-61	Jalle	METERY O	natinal &	23d. LOCA	MON (City, town, Trederic	Lai	k 1	Jack	Jus
24 FUNERAL DIRECTOR	S SIGNATURE	2 K	ADDRESS /	Bur	1 1	D BY PAGIS		STRAR'S SIG		E	

L. Lak Iln Derone Med OAMAY 9 161



CEPTIFICATE OF DEATH

05431

may be divided by the haspital or attending physician.

TO FUN. I DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave capan power. Pages 1 and 2 shauld be filed why the State Board at Health priar to burial, cremation, or remayal, and in any event, within 72 hours pater death. 72 hours after death. VR A1S (4) 15M 9/59

TO HDSPITAL OR ATTENDING PHYSICIAN: III Iom requie that the death certificate be executed within 24 hours ofter death. Page 4

CERTIFICATE CERTIFICATE	OI DEATH
1 PLACE OF DEATH a COUNTY AND MARYLAND 2.	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE b. COUNTY House Hous
b CITY OR TOWN (If ourside carporate limits write C LENGTH OF STAY IN 16 RURAL pnd give neorest pown)	c. CITY OPTOWN (If outside carporole limits, write RURAL and give nearest town)
d. NAME OF HOSPIFAL (If not in haspital, give street address) OR HASTITUTION LELLEN MUNSULA HOME	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) RICHARD BOOKS	GoTT DEATH Marth Day Year DEATH Marth 18 1961
S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B.D. Male WIDOWED DIVORCED	PARE OF BIRTH 9. AGE (In years F JNDER 1 YEAR IF UNDER 24 HRS) 10. 4 - 1874 9. AGE (In years F JNDER 1 YEAR IF UNDER 24 HRS) 10. 4 - 1874 10. 5 - 1874 10. 6 - 1874 10. 6 - 1874 10. 7 - 1
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if returned)	May land 12 CITIZEN OF WHAT COUNTRY? L. S
	Florence Haus
15 WAS DECEASED EVER IN U. S. ARAED FORCES? 16. SOCIAL SECURITY NO 17 INFO (Yes no ar unknown) (If yes, give war or dates of service)	un Golf- 3636-1645 A. Ubalig lant
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The control of th	line Carterios chrous
Canditions, if any, which) the law the leave, Can	him failure, Enterwelling 70
gave rise to immediate cause (a), stating the under-lying cause last	vuc Brin Sandrum 1961
Part 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED. (ED) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED foctory Haur a. m. 19 While Not while at work at work	OF INJURY (Hame, farm, y, street, affice bldg., etc.) 20f. (City or town) (Caunty) (State)
21 I certify that (I) (this haspital) attended the deceased fram.	1958, 19 , to 18 May, 1961, that (1) (we) last the accurred at 3.6 PM, from the causes and an the date stated above.
22a. SIGNATORY Atomard & Hall M.D	ATTENDING MED. STAFF 226 DATE SIGNED
22c PHYSICIAN'S NAME (Type) HOWKI'T (& HALL)	22d. ADDRESS Achevirle, ned 18 May 6
230 BURIAL CREMATION. 236 DATE THEREOF 230 NAME OF CEMETERY OR C	REMATORY 23d LOCATION (C. ty. tawn, or county) (State)
24 FUNERAL DIRECTOR'S SIGNATURE BADDRESS ADDRESS BOLLOW BOL	DATE MAY 2 3 '61 C 1 MAY 2 THATE



YES NO 1

Cithy & Trans

(Stote)

HOSZIT

0 0

VR A15 (4)

1SM 9/59

CERTIFICATE OF DEATH 5440 1. PLACE OF DEATH a. STATE MARYLAND Carrell Ce Ma c. LENGTH OF STAY IN 16

2 USUAL RESIDENCE (Where deceased I ved. If institution. Residence before admiss on) **b** COUNTY c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 3711 Second St., Baltimere

a COUNTY b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Woodbine Frs. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Baltimere. Maryland YES NO Weitzel Nursing Home NAME OF Middle Lost DATE Month Yeor DECEASED (Type or print) James Presten Graves Sr. DEATH May 13. 1061 S SEX 6. COLOR OR RACE 7 MARRIED TI NEVER MARRIED TI 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Manths Days Hours DIVORCED [Male White WIDOWED KT 82 Sept 17, 1878 yrs 10a USUAL OCCUPATION (G ve kind of wark done during most of warking life, even if retired)

10b KIND OF BUS!NESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? Maritime Watchman Virginia S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Hakmawa. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address Mrs. Clara Seibert 3711 Second St. Balte 25. Md CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. WAS AUTOPSY Part 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED?

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Part II at item 18)

20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

4001 Ritchie Hwy.

20c TME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur o. m. While Not while D. m. of work of work

2) I certify that (1) (this haspital) attended the deceased fram.... 1961, that (1) (we) last . 1961, and that death occurred a 3.30 M, from the causes and an the date stated above. saw the deceased alive an

22a SIGNATURE

(25)

DATEMAY

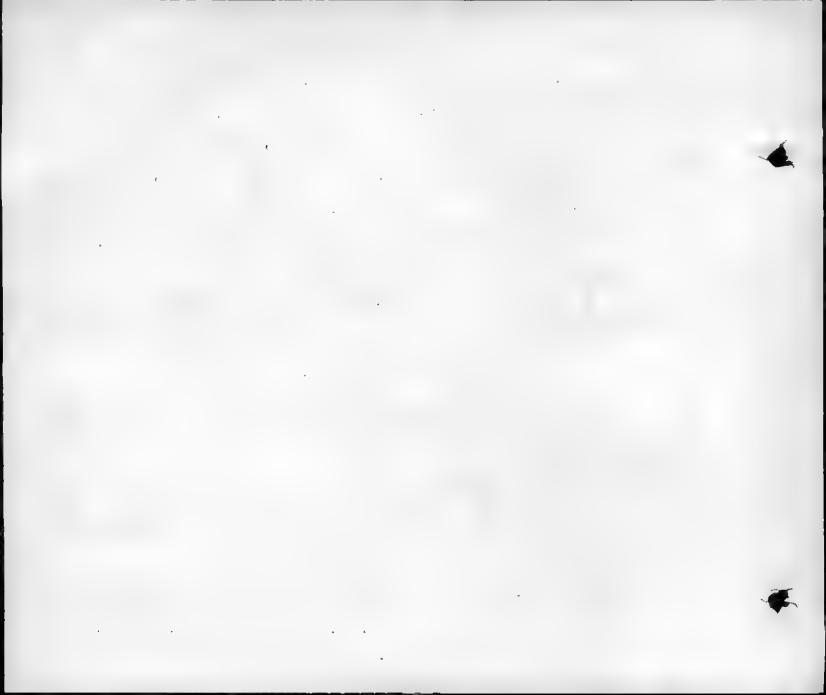
g '61

M.D. PHYS 13. PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

Hall Howard 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23d LOCATION (City, town, or county) (State) REMOVAL (Spec fy) Burial May 16. 1961 Glen Haven Mem. Pk. Glen Burnie, Maryland ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

once

George J. Gence



PLACE OF DEATH

item 10 Farm

CERTIFICATE OF DEATH

4	2 USUAL RESIDENCE (Where deceased lived funstitution Residence be o STATE Maryland b. COUNTY Carolia	
	c CITY OR TOWN (If autside carparate limits, write RURAL and give a Denton	earest tawn)
	d. STREET ADDRESS	e IS RES DENCE ON A FARM?

a. COUNTY Carroll MARYLAND b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest lawn) Henryton d. NAME OF HOSPITAs (If not in haspital, give street address) OR INSTITUTION Henryton State Hospital YES NOT NAME OF First Middle Greenfield DATE Month Doy Year DECEASED OF Milford 1961 DEATH 19 (Type or print) May IF UNDER 1 YEAR IE JINDER 24 HRS. S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lost birthday) 6-4-06 Manths Days Hours Negro Male DIVORCED 1 WIDOWED [10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Seven Springs, Maryland U. S. A. Farmer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Pearl Greenfi≡ld unknown 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Milford Greenfield-Patient CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: Carcinoma of the Lungs with Metastasis DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. CERT FICATION PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) MEDICAL 20c TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, affice bldg., etc.) a.m While Not while p m. at work at work 21 I certify that (I) (this haspital) attended the deceased from. 19____, that (I) (we) last May saw the deceased alive an. , and that death accurred at M. from the causes and on the date stated above. 22o SIGNATURE 22b DATE -19-61 PHYS DIRECTOR PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Henryton State Hospital, Henryton, Edgars M. Maculans 23d. LOCATION (Gify, town, or county) (State)

REMOVAL (Specify)	5-37-6
24 FUNERAL DIRECTOR'S S	IGNATURE THE SEL

25b REGISTRAR'S SIGNATURE

physician move attending please the 9 permit. gned 6 been si Buriof-transit cremation, OR ATTENDING PHYSICIAN: The imed by the haspital ar attending DIRECTOR: After this certificate h as the burial, 2 ₽ detaching for ā þe 5 Board ъ TO HOSPITAL TO FUN **⊠**6od VR A15 (4) 1SM 9/59

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the funeral should be fil

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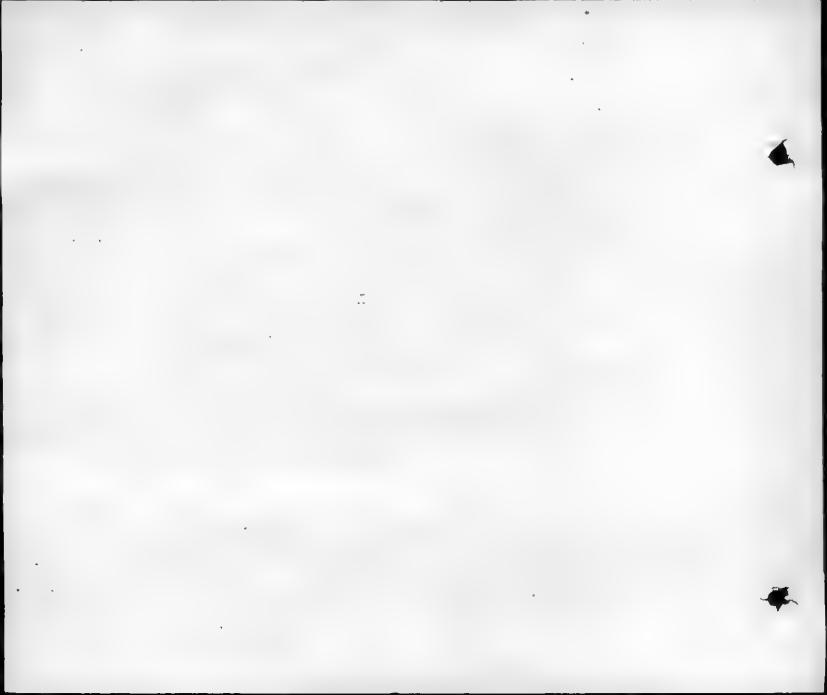
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b** COUNTY Balto City Marvland Carroll MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give negres! town)
Sykesville Baltimore 24 2vrs.2mos.12days d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION 615 S. Lehigh Street Springfield State Hospital YES NO TA Middle 4. DATE First Manth Yeor DECEASED Gilas Burdach May (Type or print) Anna DEATH 10 S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days Hours July 26, 1879 White Pemale WIDOWED TA DIVORCED TT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or fare on country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Housewife Hungary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Laslo Alexander Burdach 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Springfield Hospital Records No 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a). **DUE TO** Canditians, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost (c) PAT II OTHER SIGNLE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DUSTAGE CONDITION OF PART TIGHT 19 WAS AUTOPSY PERFORMED? YES PO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) Dov. Year factory, street, affice bldg., etc.) Hour a.m. Not while While at wark at wark 21 I certify that (1) (this haspital) attended the deceased from March 18. 1959 to May 30, 1961, that (1) (we) last ____1961 , and that death occurred at2:25P. From the causes and on the date stated above. sow the deceased alive on May 30 22b DATE STAFF ATTENDING PHYS DIRECTOR MD 22c. PHYSIC AN'S NAME (Type) 22d ADDRESS Springfield Hospital, Sykesville, Md. Agustin delCampo, M.D. 230 SUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Mem

256 REG STRAR'S SIGNATURE

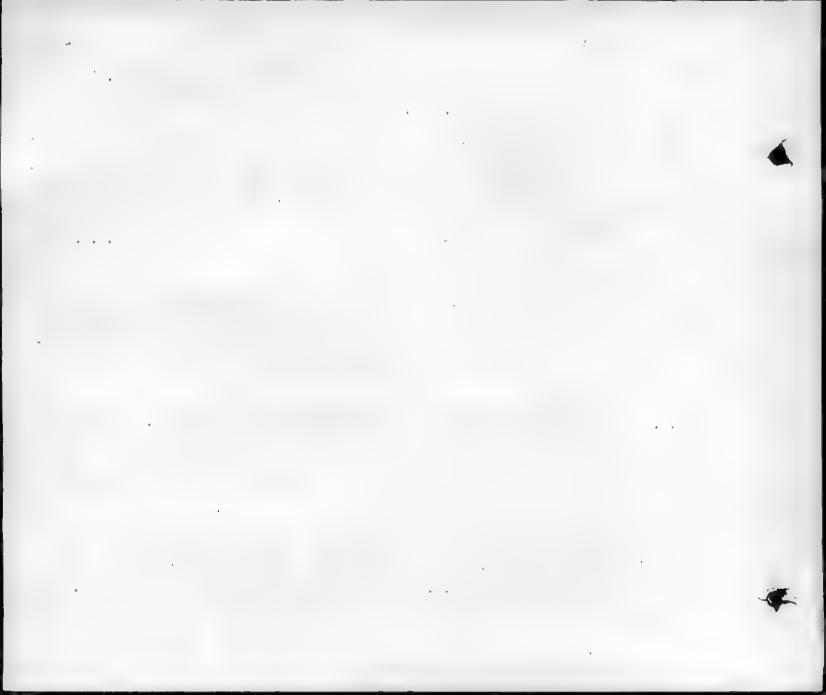
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filled popers. and physici гета attending (gned ALOR ATTENI fained by the 1 DIRECTOR: 7 TO FUN

il director, filed with

VR A15 (4) 1SM 9/59

24 FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 5643 CERTIFICATE OF DEATH with director, 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY be filed MARYLAND Carroll Maryland funeral City OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Should lvr. mos. 10das Baltimore Sykesville d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS 2803 Goodwood Road Springfield Hospital 4. DATE OF DEATH Middle Month DECEASED Pages (Type or print) May Ida Hanson death 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS (ost birthdoy) Months Doys DIVORCED [88 WIDOWED F Female White 7-10-72 papers, 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) gud Norway Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME event, within Unknown Unknown physica remave 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address Springfield Medical Records please 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: Bilateral bronchopneumonia. IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which Chronic rheumatic heart disease. gued gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. burnal-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY with senile brain disease with psychotic reaction 20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) certificate the 20c. TME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form , 20f. (City or town) Doy, Year factory, street, office bldg., etc.) Hour p. m. While Not white at work of work 21 | certify that (1) (this haspital) attended the deceased from 8-4- 19.59, to 5-14- 19.61 that (1) (we) last 5-14-61 19 ... , and that death occurred 91.30PM, from the causes and on the date stated above saw the deceased alive on... DIRECTOR: 22o SIGNATURE ATTENDING PHYS. STAFF PHYS MED DIRECTOR pe ALD. peu 22c PHYSICIAN'S NAME (Type) pino 22d ADDRESS Springfield Hospital. Sykesville, Maryland del Campo. M.D 230 BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) FUN REMOVAL (Specify)

ADDRESS

o VR A15 (4) 15M 9759

24 FUNERAL DIRECTOR'S BIGNATURE

25a, REC'D BY REGISTRAR

Calling & France

256 REGISTRAR'S S GNATURE

(County)

#4 58 1 1 1 W 4 7 K

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

Days.

Years.

PERFORMED?

YES IX NO I

(Stote)

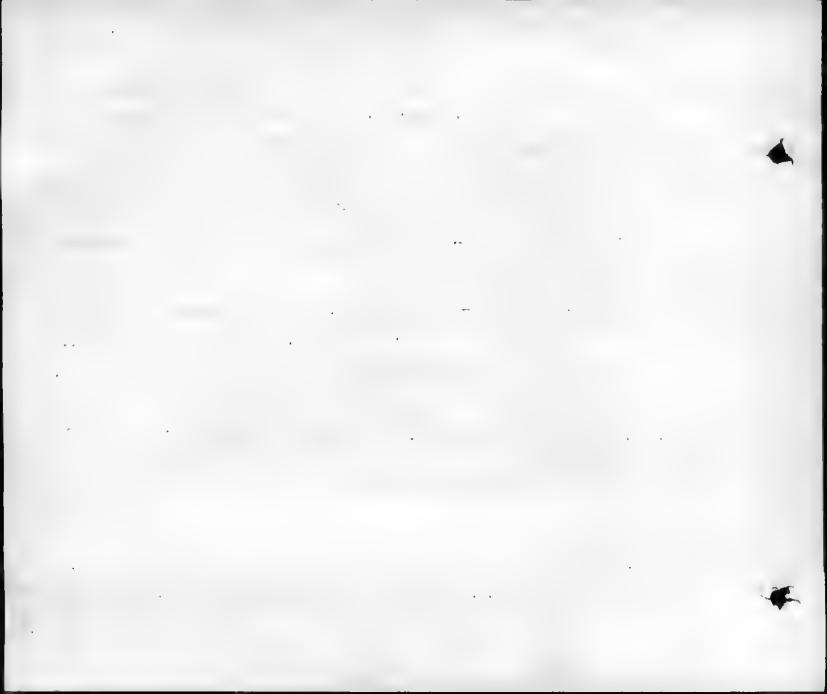
SIGNED

12 CITIZEN OF WHAT COUNTRY

ON A FARM? YES NO TO

Year

196]



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

- - - -

65435

	2543	CERTIFICA	AIE OF DEATH	l			700	
1. PLACE OF DEATH o. COUNTY	0 22	MARYLAND	2. USUAL RESIDENCE (W		ved. If institution b. COUNTY	on, Residence b	pefore admis	cien)
	Carroll		Mary.			Balt	o. Cit	~
	(If outside corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	outside corporati	e limits, write R	URA. and give	nearest low-	n)
Sykesvi	lle	28yrs.3mos.90		more		-3 !	, ,	7
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stree	of oddress)	d. STREET ADDRESS				e. IS RES	SIDENCE A FARM?
	ield Hospital		2204 1	E. Lomba	ard Stre	et	YES [NO 🔣
NAME OF	First	Middle	Last	4. DATE	Mon		Day	Year
(Type or print)	Christia	m	Hoffman	OF DEATH	May		29.	1961
. SEX	16 COLOR OR RACE 7 MA	RRIED NEVER MARRIED	B DATE OF BIRTH	9	AGE (In years	IF UNDER 1 YE		
Male	7.77 + 2 .	WED DIVORCED K	January 29		lost birthdoy) 58 yrs	Months Do	ys Hours	Min
. USUAL OCCUPATI	ON (Give kind af work dane 10	L KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole	or foreign coun	itry)	12 CITIZEN	OF WHAT	COUNTRY
Laborer	rking life, even if retired)	TIMBROLON) Marylar	nd		U.:	S.A.	
3. FATHER'S NAME		Ulerron	14. MOTHER'S MAIDEN	NAME		-		
Frank H	offman		Annie 1	Kress				
		6. SOCIAL SECURITY NO 17	INFORMANT		Addi	t de l'		
(Yes no or unknown)	(If yes, give war or dates of service)	s. SOCIAL SECURITI NO	Springfield	Hoont tol				
110			obiniginera .	MOSPI VAS	r record	10 10		
	ATH [Enter only one couse per	line for (o), (b), and (c).				1	INTERVAL BI	DEATH
PART I. DEATH WAS CAUSED BY: Carcinoma of the liver							Months	
156	DUE TO			-				
Canditions, if	Conditions if any which							
gove rise to	immediate (
couse (a), stating the under. lying couse last.								
	HER SIGNIF CANT CONDITION	CONTRIBUTING TO DEATH B	LIT NOT DELATED TO THE TERM	Albiai Dicease C		/Ch. h. DADT 11	10 16 45	ALTOPSY
Schizop Schizop Schizop Contribution OR CONTRIBUTION OR CONTRIBUTION OR FETTHER, NOTIF	hrenic reaction	other and ur	specified.	HINAL DISEASE C	ONDITION GI	IEIN IN EMKI IÜ	PERFO	DRMED?
5		*	*		f . 38.		YES [_	NO 🔼
OR CONTRIBUTION	G CAUSE OF DEATH	ESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I or Port II	of item 16)			
-, ·	Y MEDICAL EXAMINER)							
20c. TIME OF INJU			PLACE OF INJURY (Home, for factory, street, office bldg., et	m, 20f (City or	r town)	(Cour	niy)	(State
Hour o.m.		le Nat while ark at wark	ideloty, siteel, office blog., at					
			March 7	55 . Mar	v 29.	1/61	al a. (1)	
21 I certify that (I) (this haspital) attended the deceased from March 7, 1955, to May 29, 1961, that (I) (we) last								
	saw the deceased alive an May 29, 19 61 and that death occurred at 8:50AMam the causes and an the date stated above.							
220 SIGNATURE	f-, ,	16.1	ATTENDING	AED	STAFF		27 	SICNEI
Llon	126121 6681	(4111/20	M D PHYS. D	AED.	PHYS I		5/29	1/OT
PHYSICIAN S NAME (Type)	Agustin del	Campo, M.D.	Springfie	ld Hospi	ital, Sy	ykesvil	le, Mo	i.
2	a. Jan Dave Turnege			Local Location				
73a BURIAL, CREMATI	1	23c NAME OF CEMETERY	OK CHOMATORY	23d LOCATIO	N (City Jown,	or county)	(Sto	10)
During	5-31-61	rew Ch	Midral	THE	Mixe	· Chan	774	
14 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		D BY REGISTRA		STRAR'S SIGN		
Millery.	VY 44116/1	& Authorna	Che, My DATE A	IN 1 '61	Cin	Thur S. to	talka	

urs after death. Page 4 papers. Pages 1 and 2 shauld be fill ours after death TO HESPITAL DESTITABLE EXECUTED WITHOUT The law requires that the death cert ficate be executed within 24 pt may set that he haspital or attending physician.

TO FULL AL DIRECTOR: After this certificate has been signed by the attending physician—ad completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 at the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 ours after death

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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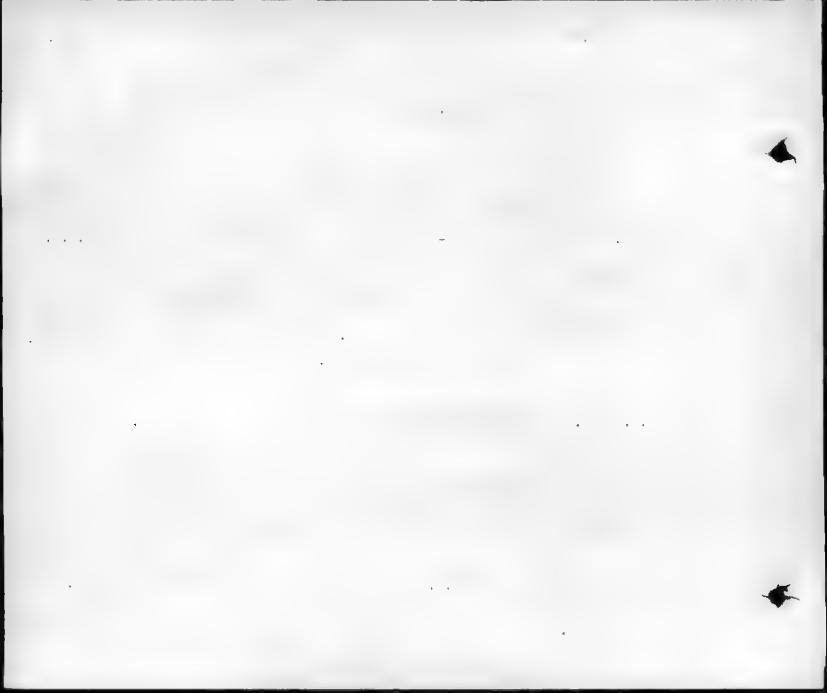
	}					
1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. STATE b. COUNTY)					
6. COUNTY Carroll Maryland b. COUNTY Washington						
b CITY OR TOWN (If autside corporate l'mits, write RURAL and give nearest town) RURAL and give nearest town)						
Sykesville Lyrumos.odays Hancock						
d NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION e IS RESIDI	LRM2					
Springfield State Hospital Route #1	YES NO					
3 NAME OF First Middle Last 4. DATE Month Day Yes OF	1-					
(Type or print) Henry Harry Hoffman DEATH May 23, 19						
5 SEX 6. COLOR OR RACE 7 MARRIED 1 B DATE OF BIRTH Male White WIDOWED DIVORCED March 28, 1886 9 AGE (In years) IF UNDER 1 YEAR IF UNDER 1 OF BIRTH Months Days Hours Months Days Hours 7 Months Days Hours	Min.					
10a USUAL OCCUPATION (Give kind of work done done done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COI	JNTRY?					
Farmer - Pennsylvania U.S.A						
13 FATHER'S NAME						
John Hoffman Sophia Hebner						
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address [Yes, no, or unknown] [(If yes, give wor or dotes of service)						
No - Springfield Hospital Records						
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	EATH					
PART I. DEATH WAS CAUSED BY: Acute myocardial infarction Minut						
Lef . Due to						
Conditions, if any, which Coronary arteriosclerosis Years						
gave rise to immediate Course (a), stating the under DUE TO						
lying couse last. (c)						
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a) 19 WAS A PERFORM TO BE SUBJECT OF THE TERMINAL DISEASE CONDITION GIVEN N PART I(a) 19 WAS A PERFORM TO BE SUBJECT OF THE TERMINAL DISEASE CONDITION OF						
20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED Hour a.m. p, m. 19 While Not while of work of	,,					
21 I certify that (I) (this haspital) attended the deceased from. January 15,,1960 to May 23,	J. Jacob					
sow the deceased alive an May 23. 19 61 and that death accurred at 8:55 Alforn the causes and an the date stated a						
22a SIGNATURE 22b I	ATE					
Doublin del Carribo MD ATTENDING DIRECTOR DIRECT	13/12					
Pagustin del Campo, M.D. 22d ADDRESS Springfield Hospital, Sykesville, Md.						
23a BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or county) (Stote)						
	n I					
Burial 5.26,61 Lutheran Cemetery Rural Hancock Washington						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS DATE MAY 2 9 '61						

Lained by the haspital ar attending physician.

La DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, hould be detached far use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with Board of Health prior to burial, crematian or removal, and in any event, within 72 haurs after death. ers ofter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 😼 TO FUILE page 3 she the State B

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	5446 CERTIFICATE OF DEATH						5	Reg. Dist. No.	05437	
	PLACE OF DEATH O. COUNTY C	arroll		MATYLAND	2 USUAL RESID	ENCE (Whe	re deceased lived.	If institution: COUNTY	Residence before	
1	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pinksburg					c. CITY OR TOWN (If outside corporate limits, write RURAL and Littlestown		AL and give neare	est fown)	
	d. NAME OF HOSPITA OR INSTITUTION Deer lark A	cad, Pinks	ייי דיין דיין יוי	Home Nd.	d. STREET A	odress ise Pa:	ck	1.	P- 2	ON A FARM? YES NO 4
	3. NAME OF DECEASED (Type or print)	Fir Minnie		Middle A .	Hut11		4. DAYE OF DEATH ME	Month 29	Doy	Year 19 61
	s. sex Female	White	7. MARR	D DIVORCED	8. DATE OF BIRTH 12/9/187		9. AGI		Months Days	F UNDER 24 HRS. Hours Min.
	100 USUAL OCCUPATIO during most of worki	ng life, even it refired		KIND OF BUSINESS OR INDU		_	foreign country)		12. CITIZEN OF	WHAT COUNTRY
ı	3. FATHER'S NAME	3001102121410	0 1 1 2 2 0	2 0103 120114	14. MOTHER'S					
	Ephraim B				Eliza		Crouse			
-	15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Address	8	
ı	No	,,,,		None D	aniel Boo	se, N	ew Oxford	i, Pa.		
Ī	18. CAUSE OF DEAT	TH [Enter only one co	use per lin	e for (o), (b), and (c).]	, 1	Z.			LINTER	VAL BETWEEN
-1		H WAS CAUSED BY:	2	Comment 1	ale le .	~	colm	12000 G	ONSE	AND DEATH
ı	13 x-x X	IMMEDIATE CAUSE (o	/	The Contract	1000		1			- plan
	Conditions, if an		H	Myser 1	ingr	on			()	Laus
	gove rise to in cosse (a), stating t lying cause fast.	he under DUE TO	-7/	there	rocles	ises	(gen	era	in h	2891-
Į		FP SIGNIFICANT CON		ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMIN	AL DISEASE CON	DITION CIVEN	NIN DART I(a) 10	WAS AUTOPSY
Ì	CATIC			ONTRIBOTING TO DEATH OF	THOT KEOTED TO	THE CERTAIN	W CON	JIIION GIVEN	N	PERFORMED?
		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINERS.	20b DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of	Finjury in Pa	rt I or Port II of i	tem 18.)		
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day. Ye	20d. IN White of work	_ Not while_ \ \	CACE OF INJURY (I octory, street, office	tome, form, bldg., etc.)	20f. (City or tow	n)	(County)	(Stote)
	- V-	at I attended the	decease	41	195	1a 2	227-			the deceased
1	alive an 4		19	and that deat	h occurred at	1	£	,	/	stated above
	ACTUAL SIGNATURE	HUN S	4	affell	M.D	1 1	DORESS (Street, ci	Level 1	long	DATE SIGNED
	PHYSICIAN'S NAME (Type)	James	5	9+50 He	11 118		Reist	cf5 7	MANO	Xd
1	220 BURIALI CREMATION	N. 226. DATE THEREC	E-	22c. NAME OF CEMETERY	OR CREMATORY	:	2d. DOCATION (ity, lown, or a	county)	(Stote),
	Burial (Specify)	6/1/61		St. Harvs C	enetery		Silver R	un, Car	croll Co.	Ma
İ	23 FUNERAL DIRECTOR'S			ADDRESS					AR'S SIGNATURE	-
1	Yach	11. 1 14	0. 1	Littlestown. I	23.		104	7	04	

TO CONTINUOR ATTENDING MINISCON: The low requires that the diath certificate be executed within 24 haurs after death. Page 4 may be perained by the haspital or attending physician.

TO FUNE A MINISTON: After this certificate has been signed by the attending mysician and ampletely filled by the funeral director, page 3 yould be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55



-rs ofter death. Page 4 r the attending physician and completely filled to by the funeral director. Then please remove carbon popers. Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to may be fained by the haspital or attending phys.cion.

TO FUND. A. DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages 1 capes 1

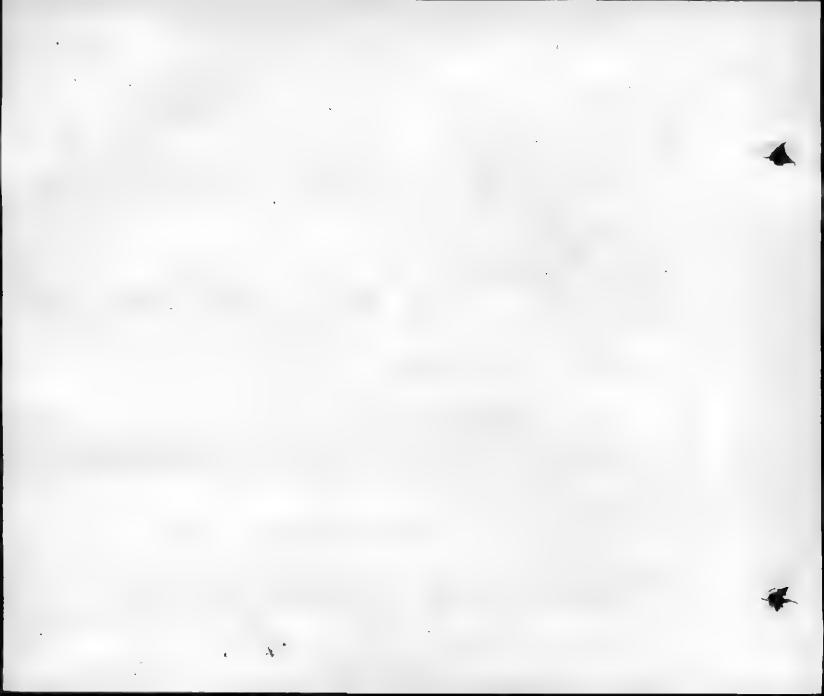
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MADVIAND STATE DEDARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND						
ı	5447	CERTIFICA	TE OF DEATH		45120		
	PLACE OF DEATH O. COUNTY O. AMOUNT	MARYLAND	2. USUAL RESIDENCE (When	deceased lived If institution b. COUNTY	Residence before odmission)		
ľ	b CITY OR TOWN.If outside corporate limits, write RURAL and give hearest power.	c LENGTH OF STAY IN 16	C SITY OR TOWN (IF au	tiside carporate, limits, write RUR	AL and give nearest fawn)		
-	d. NAME OF HOSPITAL (If not in hospital, give street of 11/51 NL 11/10). Phillip Mulau 4	address)	d STREET ADDRESS	T	e. IS RESIDENCE ON A FARM? YES NO		
-	NAME OF DECEASED (Type or print) United States	Beasman	Jordan!	4. DATE Month OF DEATH	u 12 96/		
	SEX 6 COLOR OF RACE 7 MARI	~	DATE OF BIRTH aug. 26, 18	The state of the s	UNDER 1 YEAR IF UNDER 24 HRS. donlhs Days Hours Min		
	USUAL OCCUPATION (G ve kind of work done 10b. during most of working life, even it retired)	KIND OF BUSINESS OR INDUS	STRY W. BIRTHPLACE (State of	r foreign country)	12 CITIZEN OF WHAT COUNTRY?		
1	3. FATHER SYMME OTHOMAS BEASIN	ian	14. MOTHER'S MAIDEN NA	Harden	/		
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no. or wiknown] [If yes, give wor or defea of service]	SOCIAL SECURITY NO. 17. IN	Bersman Jo	relaw Her	iksburg, mel.		
	1B. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (p)	ne for (a), (b), and (c).	ere , Herrest	inin,	INTERVAL BETWEEN ONSET AND DEATH		
	Canditions, if any, which } DUE TO	Teres Olive	· generalized	, Desheles,	1960		
l	gave rise to immediate cause (a), stating the under-lying cause last.	actual of	Tip - penced	, ostermy liles.	acute 12 my 61		
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	ald sease condition given	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of 'njury in Po	ort I or Port If of stem 1B.)			
	Hour a.m. While	£	ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)		
	21 1 certify that (I) (this haspital) attends saw the deceased alive an	, to /2///	, 19, that (1) (we) last an the date stated above				
	220 SIGNATURE HEWAST	Fall'	ATTENDING MEL	STAFF PHYS	226 DATE SIGNED		
	22c PHYSICIAN'S NAME (Type) HO WARD F	=, HALL	22d ADDRESS	-SYILLE,	Mp,		
	REMOVAL (Specific Specific Spe	23c NAME OF CEMETERY O	well (23d. LOCATION (Cyty, town, or	country)		
	A FUNTRAL DIRECTOR'S SIGNATURE	A ADDRESS . A	1 25a. REC'D	BY REGISTRAR 256 REGISTR	AR'S SIGNATURE		

250. REC'D BY REGISTRAR DATE 6 61

arily & King



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

5770

CEPTIFICATE OF DEATH

65120

	9449 CEKIIICE	(IL OI DEAII)					
power of	1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
M	o. COUNTY Catroll MARYLAND	o. STATE b. COUNTY Adams					
	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Rural, Westminster 4 Months	Rural, Littlestown					
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS O IS RESIDENCE ON A FARM?					
s	Mestminster, R. D. 2	Littlestown, Pa. R. D. 2					
	3. NAME OF DECEASED (Type or print) Carrie Belle K	Lost de DATE Month Day Year OF DEATH 1 Jay 19 1961					
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min.					
	Female WIDOWED DIVORCED	7/15/1885 75 yrs. Molitins Days Hadrs Min.					
.0	10a USDAL OCCUPATION (Give kind of work done during most of working life even if retired)						
	housewife-Housework Her own home	Adams Co., Pa. U.S.A.					
	13 FATHER S NAME	14 MOTHER'S MAIDEN NAME					
	Calvin Collins	Ida Eckenrode					
	IVer an advertisered to the second	INFORMANT Address					
	No None Mr	s. Ralph Schuchart, Westminster, Md. R.D.2					
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: (Creline United	la weitet 4mos					
	DUE TO						
	Conditions, if ony, which) 10 (dides. Vz reals - drise - (autre shothe 1840)						
	gave rise to immediate DUE TO						
	lying couse lost. (c)						
ð	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS ALTOPSY PERFORMED? YES 1 19 15					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enler nature of injury in Port c or Part II of item 18)					
		LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, affice bldg., etc.)					
		. funce 1988, to Mercy 19, 19 Gel, that (1) (we) lost					
		deoth occurred of M, from the coases and on the date stated above.					
N.	220 SIGNATURE	, , 22b. DATE					
	Xcal MacHout	M.D PHYS D DIRECTOR PHYS D					
Ü.	NAME (Type) ZEAH MAITL AND	22d ADDRESS					
	230 BURIAL, CREMATION 236. DATE THEREOF 23c NAME OF CEMETERY						
	Birial 5/22/61 Evergreen Ce	netery Gettysburg, Adams Co., Pa.					
	24 ONERAL DIRECTOR'S SIGNATURE ADDRESS	DE DECID DA DECISTADA DEL RECISTADES CONTATIOS					
/	Kickered A. Witto NIXHONTO	DATE MAY 2 2 '61 Cirthus A. Piraus					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bours after death. Page 4 foined by the haspital ar attending physician. TO FUN

by the funeral director,

VR A15 (4) 15M 9/59

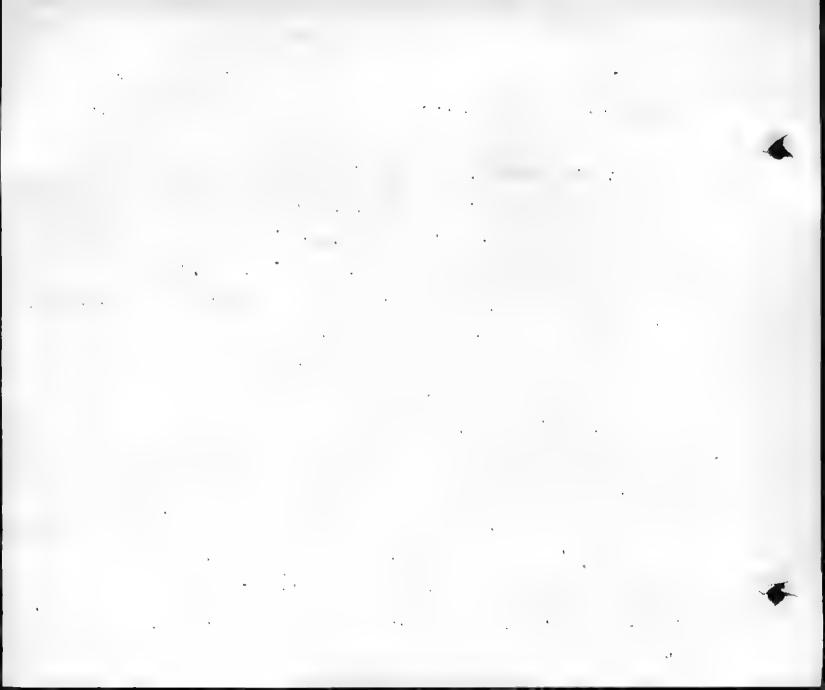


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MA	RYLAND ST	ATE DEPARTM	ENT OF	HEALTH-	-BALTIMORE,	18
5449		CERTIFICA	TE OF	DEATH		D

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-		Keg. L	/IST. 140.		
) [1	PLACE OF DEATH O. COUNTY CAPROLL MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution, Reside a. STATE MARYLAW) b. COUNTY	PROLL		
	b. CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)		
	TANEYTOWN PURAL GYEARS	XTANEY TOWN RU	IRAL		
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO		
3	NAME OF DECEASED (Type or print) PAULINE ODEN DAHL KO	PP Last 4. DATE Month OF DEATH MAY	Day Year 9 196/		
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	APR 25- 1884 Ty yrs. Months	Page Hours Min		
	do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired) HOUSEWIFE OWN HOME	DUSTRY 11. 8IRTHPLACE (Stafe or foreign country) 12.CI	TIZEN OF WHAT COUNTRY?		
1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	MARTIN ODENDAHL	PAULINE STEINMETZ			
	(83, NO OF UPRIONAL) If yes, give wor or datus of service,	INFORMANT Address	M_		
		IRS MELYIN UTERMAHLEN	TAKEYTOWN		
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	. 0	INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY:	al Infanction	5 hrs.		
	DUE TO	O_{ℓ} .	F-1		
	Conditions if ony, which gave rise to immediate	Thiomasis	SNO		
	lying couse last (c) Orthrio selec	atic Heart Disease	3-yrs		
0 1.47	Dy sertensing	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(D) 19 WAS AUTOPSY PERFORMED? YES NO		
2 202	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Port I or Part II of item 18.)			
4 1 1 1 1 1 1	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e Hour a m. While Not while at work at work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (State)		
ı	21. I certify that I attended the deceased from 1/ 30	1958 to 5/9 196/ that I	ast saw the deceased		
	11.7	th occurred at 10:50A M, from the causes and on the			
		ADDRESS (Street, city or town, state)	DATE SIGNED		
	SIGNATURE E. amblen Thompson	1 MD Taney Town, Md.	5/9/6/		
	PHYSICIAN'S F AMBLEN THOMPS	ON TANEYTOWN			
2	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote) N.		
	BURIAL MAY 11-1961 LUTHENAN	MIDDLE VILLEGE A	ONG ISLAND		
2	LEUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S S			
1) W Hartist & dorsa Meser Merranas DATE MAY 1 6 '67 Ciriling & thousand					



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion) y is necessary, I director. Page of Health, e. COUNTY Carroll Balto.City MARYLAND b. CITY OR TOWN (if outs de corporate film ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mits, with RURAL and give nearest lown) YOUR Sykesville mos. 2udavs Baltimore 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in bosp tor, give atreet address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Springfield State Hospital 1634 N. Calvert St. YES NOTE 3. NAME OF Middle 4. DATE DECEASED Felix [Type or print] Joseph Kulski DEATH 19 67 Mav 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 74 yrs. Male 1886 WIDOWED A DIVORCED [1 and 2 10e. USUAL OCCUPATION (Give kind of work Page 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired) Unknown Machine shop Poland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (If yes give we rordeles of service) Springfield Hospital Records Office along with burial-transit perm in bencil in Hem 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Bilateral bronchopneumonia days. IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11.0. 19. WAS AUTOPSY PERFORMED? C.B.S. assoc. with cerebral arteriosclerosis without qualifying phrase. NO Old cerebral contusions.

EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert I of Ham 18.) pluods 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) Not While 4:30 et work K Hospital Sykesville Carroll et work Md. 21. I certify that I took charge of the remains described above, held an Autopsy 7. Inspection 74. Inquiry 77. and in my opinion Öä Suicide Homicide Undetermined manner death resulted from: Natural causes 3 Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James T. Marsh, M.D. NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION . 226. MOCATION (City, tower, or country) 40 240. REC'D BY REGISTRAR I 266. REGISTRAR'S SIGNATURE AISME > Onting S. Thomas

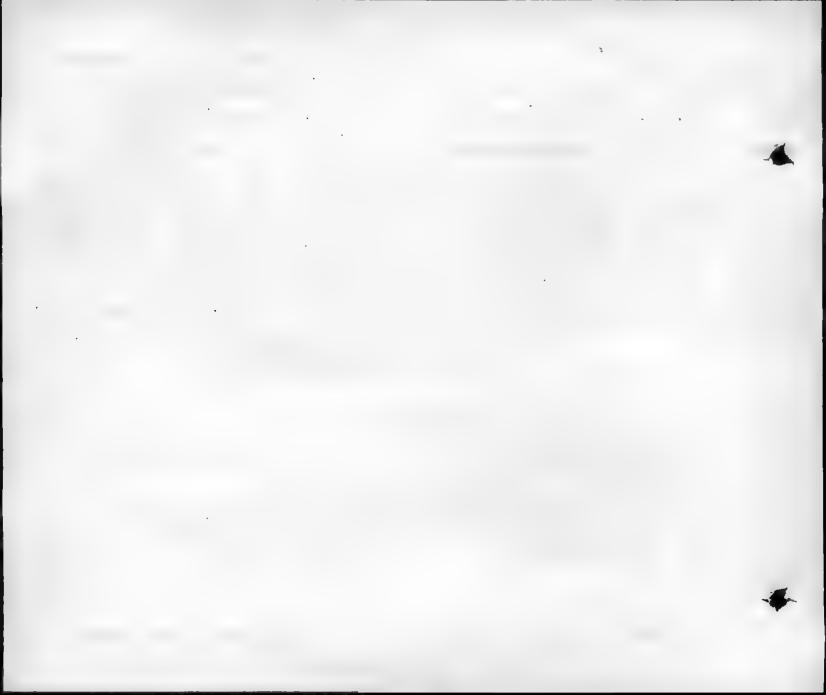


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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

	5451 CERTIFICA	TIE OF DEATH	
1	PLACE OF DEATH COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Residence b. COUNTY B. COUNTY AND THE COU	be dit (Imperion)
	b CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest town)	c CITY OR TOWN (If outside corposale limits, write RURAL and give	ve nearest-town)
-	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUT ON	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
	16/W. Man J.	1 6 00 111 ann 51.	YES NO
3.	NAME OF DECEASED (Type or print) EARL First MC DONALD	LAMBERT DEATH MAY	30 1961
5	6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED		YEAR IF UNDER 24 HRS Days Hours Min.
10	Ou USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, aven if retired)	ISTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZE	EN OF WHAT COUNTRY?
12	Salvad Palvolinas	14. MOTHER'S MAIDEN NAME	4. S-a
13	monnal Il farlet	molera Allan	
15	5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC AL SECURITY NO. 17. III	NFORMANT Address	
L	Yla worldwar A 213-05-1589 77	no-Mary Q. Lambert Same	address
5	TIB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] PART I, DEATH WAS CAUSED BY:	0.01.	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Occusion	sudden
	Conditions, if ony, which gove rise to immediate (b)	s heart failure	2422
	couse (o), stating the under. bying cause lost. (c) type terms	ve Cardesvissala Oiseas	10115
CATION	PART II OTHER SIGNIFICANT CONDIT ONS CONTEBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO [2]
CERTIFI	20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION OF CONTRIBUTIO	ED (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL		LACE OF INJURY (Home, form, 20f (City or town) (Conctory, street, affice bldg., etc.)	ounty) (State)
ľ	21 I certify that (I) (this haspital) attended the deceased fram	Mar 21 1957, 10 May 30 1961	that (I) (we) last
		death accurred 63 PM, from the causes and on the	
	Vului Chopko	M.D. ATTENDING MED. STAFF PHYS.	3/3/16 DATE
	22c PHYSICAN'S Julius Chepko	852 W. Dea J. Walmm	to med.
23	30 BLR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county)	(State)
24	MINERAL DIRECTOR'S SIGNATURE ADDRESS	250 REG D BY REGISTRAR 25b. REG STRAR'S SIGN	NATURE
1.	X-2- Marero A Worth munter	DATEIN 5 161 Coule of the	u.A



MEDICAL EXAMINER'S CERTIFICATE OF DEATH なんちの 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY o STATE b. COUNTY Carroll MARYLAND Maryland b. CITY OR TOWN (If outside corporate fimile, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 Mt. Airv Vrs. Mt. Airv. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Main Street N. Main Street NAME OF DATE Middle DECEASED Dra LAURENCE LEGGRET DEATH (Type or print) May 9. AGE (In years 5. SEX 6. COLOR OR RACE 7- MARRIED X NEVER MARRIED 1 8. DATE OF BIRTH Male White WIDOWED [DIVORCED | yes. 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)

Dentist O Dennison. Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hugh Leggett Margaret Evnor 40 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Mrs. J. Mildred Leggett PM3. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19 WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not while at work a ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection ... to the Chief I DIRECTOR: F death resulted from: Natural causes XI. Accident , Suicide . Homicide . Undetermined cause . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER RZ Speigher DEPUTY MEDICAL EXAMINER DEPU NAME (Type)W Glenn 220. BURIAL, CREMATION. REMQVAL_Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) 0 Buria 3-1961 Cemeterv 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE

Winfield.

Maryland

DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rog, Dist. Na.

Carroll

Months

e. IS RESIDENCE ON A FARM?

YES NO TO

Year

IFUNDER TYEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

Same as

(County)

Inquiry , and find that

INTERVAL BETWEEN

PERFORMED? NO NE

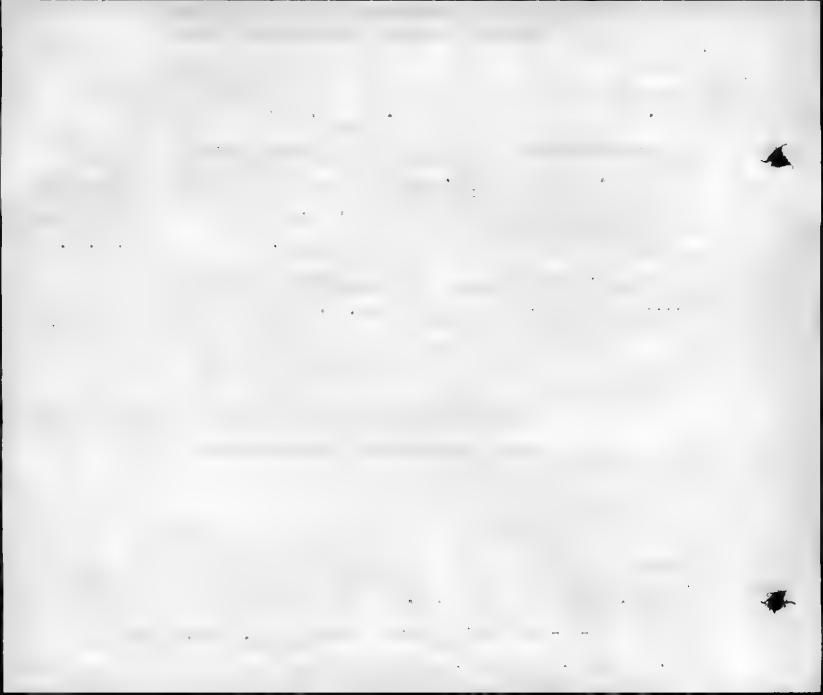
DATE SIGNED

(State)

1961

VS. A15ME(5) 5M 9/55

C. M. Waltz.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

by the funeral director,	be filed with	(1	1	
by the fun	and 2 should be filed with		-		C

5453 CERTIFICATE OF DEATH

Reg. Dist. No. 115444

1. PLACE OF DEATH o COUNTY Carroll MARYLAND				2 USUAL RESIDENCE (Where deceased lived F institution: Residence before admission) o. STATE Carroll									
b. City OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Rural. Nr. 'estrainster 1 Year					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Nr. Vestminster								
0	d. NAME OF HOSPITA OR INSTITUTION Mea low View	AL (If not in hospital, o	P.C.Let	one R. D.	1	d. STREET A	DDRESS		R. D. 2				IDENCE FARM?
	3. NAME OF DECEASED (Type or print)	Li1a	H	Middle Harry		Leister		4. DATE OF DEATH	Mod May		Doy 28		rear 19 61
	5. SEX Female	6. COLOR OR RACE	7. MARR	D THE DIVORCED	_	8. DATE OF BIRTH			9 AGE (In years last birthday)	IF UNDER Months		Hours	R 24 HRS. Min.
	100. USUAL OCCUPATIO during most of worki	N (Give kind of work ing life, even if retired	one 10b.		R INDU	STRY 11. BIRTHPL	ACE (State		ountry)		ZEN OF	WHAT	COUNTRY?
	13. FATHER'S NAME J. Randol					14. MOTHER'S	MAIDEN N	- 4				·	
	IS. WAS DECEASED EVER			SOCIAL SECURITY NO.		NFORMANT ayton H.			Add	ress ter, M	d. R	. D.	. 1
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if once which gave rise to immediate cover (a), stating the under- Lying couse lost.								y.	DEATH '				
	САТІС			ONTRIBUTING TO DEA						VEN IN PART		PERFO	RMED?
		S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OF	CCURRE	D (Enter nature of	f injury in f	Part I or Pari	I II of item 18.)				
	ZOC. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	While	IJURY OCCURRED Not while of work	20e. PL	ACE OF INJURY () clory, street, office	lome, farm bldg., etc.	20f. (City	or lown)	(C	ounty)		(Stole)
	21. I certify the glive on	AMES	126	and that ARS H 12c NAME OF CEME	/	M.D. 10	4 7	EM, from ADDRESS (SI Mai	n the causes of treet, city or lown,	and an the state)	ast sav	state	ed abave. ATE SIGNED 1-9/6/
	REMOVAL (Specify) Burial	5/30/61		St. Hary:				Silv	er Run,	Carro!			
	13 FUNERAL DIRECTOR'S	SIGNATURE	716	ADDRESS Littles	tovл	ı, Pa.		D BY REGIST		STRAR'S SIG			

TO HOLLIAL BY ATTENDING PHYSICIAN: The law requires that the death certificate bill exactual within 24 hours after death. Tage 4 TO FUN

retained by the haspital ar attending physician.

1. DIRECTOR: After this certificate has been signed by the attending physician and completely fille stauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages Attor prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

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CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on) a COUNTY b. COUNTY MARYLAND Carroll Mary land Balto.City CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Sykesville 5yrs.3mos.19days Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 101 S. Collington Ave Springfield State Hospital YES NO TO 4. DATE NAME OF Middle Year DECEASED (Type or prin Nancy Marrichi DEATH May 19 67 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months March 25, 1884 Female White 76 yrs WIDOWED IT TOO USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Italv Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic heart disease. Years. IMMED ATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. Schizophrenic reaction, paranoid type. 19. Was autopsy performed? YES NO TO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Port 1 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg., etc. Hour o. m. While Not while al work al work D III. 21 I certify that (1) (this haspital) attended the deceased from, January 27, 1956, to May 16, 1961, that (1) (we) lost ___ 19_61 and that death accurred at 10:16 PMm the causes and an the date stated above saw the deceased alive anMay 226 DATE 22o SIGNATURE 61 DIRECTOR ZZC PHYSITIAN'S Springfield Hospital, Sykesville, Md. Agustin delCampo. BURIAL, CREMAT ON 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) (State) REMOVAL (Specify) 20 moh FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250 REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE

DATE MAY 1 8 '61

arthur & Trans

director, filed with Filed funeral 4 8 끧 ő mhysician emove cark remove co be by the CTOR: DIRIC ∇ FUNES

15M 9/59

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CERTIFICATE OF DEATH 5455 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) 9-COUNTY MARYLAND b C.TY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Baltimore MANTHY 3 dns I SHERE SULAKOL d NAME OF HOSPITAL (If not in haspita, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 1063 Elm Road YES NO 74 4. DATE OF DEATH Month DECEASED (Type or print) 196 S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days WIDOWED T DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 1000 13 FATHER'S NAME physicii WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 18 CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Candilions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse last PART LOOTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF E THER, NOT:FY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c TIME OF INJURY 20e. PLACE OF INJUSY (Home, farm, 20f (City or town) factory, street, office bldg., etc.) 20d. INJURY OCCURRED Day, Year (County) (Stole) Hour o.m. ot work 196), to 5-7- 196/that I last saw the deceased 21. I certify that I attended the deceased from 6/..., and that death occurred at //_ ALM, fram the causes and an the date stated above. SIGNATURE T PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b DATE THEREOF 22d LOCATION (City, lawn, or caunty) 22c NAME OF CEMETERY OR CREMATORY Astotel REMOVAL (Specify) **ADDRESS** 23 FUNERAL DIRECTOR'S SIGNATURE 24b, REGISTRAR'S SIGNATURE 24d REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



5456 filed with director, after death. Page PLACE OF DEATH a. COUNTY funeral CITY OR TOWN (If autside corpore ŝ RURAL and give nearest town) should the th d. NAME OF HOSPITAL (If not in hos OR INSTITUTION 20 g NAME OF requires that the death certificate be executed within 24 a Pages 1 DECEASED wompletely filled (Type or print) death SEX 6 COLOR O hours after remove carbon popers. log. USUAL OCCUPATION (Give kind of during mast af working life, even if OFF in any event, within 72 13. FATHER'S NAME ⊞ysicion IS. WAS DECE SED EVER IN U S attending Then please 18. CAUSE OF DEATH | Enter only PART I. DEATH WAS CAUSE IMMEDIATE CA ond the contribute has been signed by a as the buriol-transit permit. or removal, Canditians, if any, which gave rise to immediate cause (a), stating the underor attending physician. lying cause last. PART I . OTHER SIGNLEICAN ATTENDING PHYSICIAN: The law cremation, 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) use as the 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Haur o. m. While Nat while ained by the haspitol o ot wark 🔲 at wark p.m. ould be detached for 21 I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an, 220 jo ő Board 22c PHYS CIAN'S NAME (Type) State TO HOSPIT TO FUN. BUR AL, CREMATION 23b. DATE THEREOF the

DIVISION OF STATISTICAL RESEARCH A	EPARTMENT OF HEALTH ND RECORDS — BALTIMORE 1, MARYLANI TE OF DEATH	U5447
MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If in STATE b. CO	
the limits, write c LENGTH OF STAY IN 16 C	c CITY OR TOWN (If autside carporate limits, v	write RURAL and give nearest fown)
ontol, give street oddress) MNON IT.	d STREET ADDRESS	6. IS RESIDENCE ON A FARM? YES NO P
First Middle	MCCLAIN DEATH	Manth Day Year 196/
RACE 7 MARRIED NEVER MARRIED	PATE OF BIRTH 30/1877 9 AGE (In lost birth lost birth	years IF UNDER I YEAR IF UNDER 24 HRS iday) Months Days Hours Min.
work done 10b KIND OF BUSINESS OR INDIAS	TRY 11. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME	12 CITIZEN OF WHAT COUNTRY?
D FORCES? 16 SOCIAL SECURITY NO 17, IN 2165 of service) 2167.1457-9777	ro, John T. McCla	Address Samu address
ane cause pec line far (a), (b), and (c).] D BY: USE (a) USE TO	relusion	INTERVAL BETWEEN ONSET AND DEATH
(b). PUE TO		
(c) T CONDIT ONS CONTRIBUTING TO DEATH BUT whete Welli	NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART 100 P

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.)

196 _, that (I) (we) last and that death occurred at 124M, from the causes and an the date stated above

factory, street, affice bldg., etc.)

DATE

ATTENDING STAFF PHYS M.D 22d ADDRESS

23c NAME OF CEMETERY OF CREMATORY

REC'D BY REGISTRAR

23d, EOCATION (City, tawn, or county) (State) 256 REG STRAR S SIGNATURE

2

(Town & throws

(Caunty)

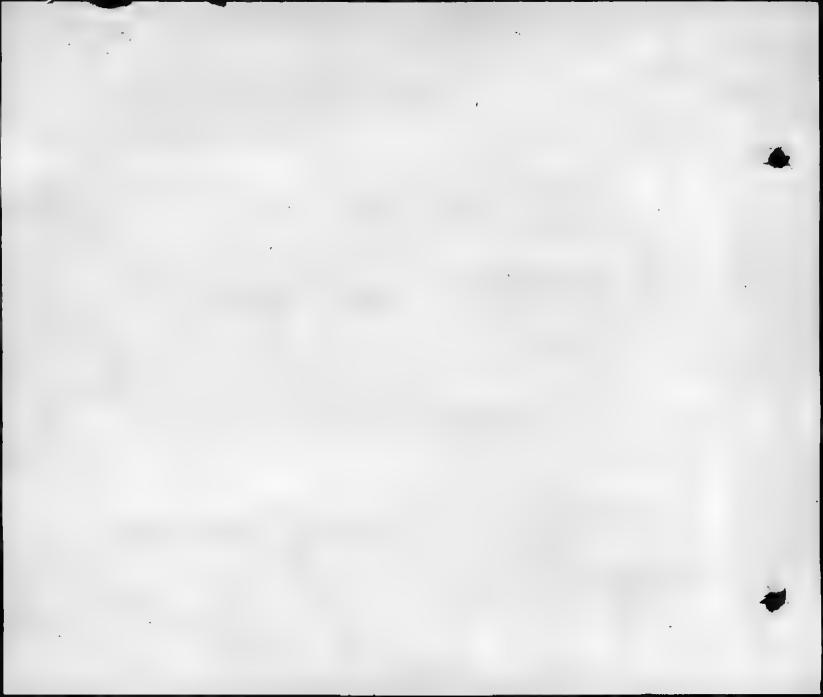
(State)

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AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before aidm ssion) Page files. Health, e. COUNTY MARYLAND b. CIY OR TOWN (if outs'de corporete lim ts, c. LENGTH OF STAY IN 16 JOWN (Moutside corporate I m is, write RURAL and give nearest lown) director. YOU ö d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address; ON A FARM? Rove. YES NO 3. NAME OF Middle DECEASED OF [Type or print] 5, SEX AGE (In yours | UNDER I YEAR IF UNDER 24 HRS last birthday) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 16 SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Then IMMEDIATE CAUSE (a) DUE TO Conditions, il any, which gave rise to immediate cause **DUE TO** (e), stelling the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NÖ showld 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of Hem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 1 20d. INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm, 20f. (City or fown) Month, Day, Year (State) 20c. TIME OF INJURY (County) fectory, street, office bldg., etc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion forwarded to L DIRE體T電用 Undetermined manner death resulted from. Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER Address (Street, city, lown, of county) CREMATION . 226. DATE THEREOF VS. A15ME



MADVIAND STATE DEDADTMENT OF HEALTH

MAKIEM	IND SIMIL DEF	AKIMEN OF	REMEIN
IVISION OF STATIST	CAL RESEARCH AND	RECORDS - BALTIN	AORE 1, MARYLAND
	CERTIFICATE	OF DEATH	

	DIVISION OF ST	Williams werenwell wish i	
158		CERTIFICATE	OF

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TI.		
II G STATE	here deceased lived. It institu 6 COUNT	
Maryland		Contract of the Contract of th
c. CITY OR TOWN (If a	outside corporate limits, write	RURAL and give nearest town)
Baltimor	re	
d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
83) McAle	er Street	YES NO
Last	4. DATE M	onth Day Year
MoFTmor	DEATH	v 11 1961
	9 AGE (In year	FUNDER TYEAR IF UNDER 24 HRS
		The state of the s
		12 CITIZEN OF WHAT COUNTRY
DOSTA TI. BIRTHE DACE (STOLE	di foreigi county)	
		U.S.A.
14 MOTHER'S MAIDEN	NAME	
		ldress
Springfiel	d Medical Rec	eords.
		INTERVAL BETWEEN
lue		Days
LUO		Daya
la of lock form	man I made	D
TR OT TELL LEWIG	DIST ASTU	Days
DIST SUMT OF A TEN TO THE TENA.	MALLA DIFFACE COMPANION CO	DUCTION DARK TO VIAC ALITOROV
	INALD SEASE CONDITION G	PERFORMED?
		YES NO
RRED (Enter nature of injury in	Part Lor Port Lof (fem 18)	
PLACE OF INJURY (Hame, farm	n, 20f (City or town)	(County) (State
factory, street, office bldg., etc	E-) [
1	d	-
t death accurred 2:50	MM from the couses o	and on the date stated above
ATTENIDING	ez ez	226 DATE SIGNED
		May 11, 1961
22d. ADDRESS		
Springfie]	ld Hospital, S	ykesville, Md.
	23d LOCATION (City, fown	
amotany		
250 PEC	TO BY DECISTRAD DOL DEL	GISTRAR S SIGNATURE
DATE MA	AY 15'61 C	allows of the ma
	D STATE Marylan (C. CITY OR TOWN (IF Baltimor D. STREET ADDRESS B31 McAle Last McElroy DUSTRY 11. BIRTHPLACE (Stote Mary 14 MOTHER'S MAIDEN I Pauline INFORMANT Springfie BUT NOT RELATED TO THE TERM disorder. RRED (Enter nature of injury in PLACE OF INJURY (Home, form factory, street, office bldg., eh The death accurred 2:50 M D PHYS 22d. ADDRESS Springfie Y OR CREMATORY emetery 250 BEC.	Maryland c. CITY OR TOWN (If outside corporate limits, write Baltimore d. STREET ADDRESS 831. McAleer Street Last McElroy B DATE OF BIRTH 7-9-97 DUSTRY 11. BIRTHPLACE (Stote ar foreign country) Maryland 14 MOTHER'S MAIDEN NAME Pauline Zachow 7 INFORMANT Springfield Medical Reg BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION Of disorder. RRED (Enter nature of injury in Part Lo: Port Lof Item 18) PLACE OF INJURY (Hame, farm, 20f (City ar town) factory, street, office bldg., etc.) M.D. PLACE OF INJURY (Hame, farm, 20f (City ar town) factory, street, office bldg., etc.) M.D. PLACE OF INJURY (Hame, farm, 20f (City ar town) factory, street, office bldg., etc.) M.D. PLACE OF INJURY (Hame, farm, 20f (City ar town) factory, street, office bldg., etc.) M.D. PLACE OF INJURY (Hame, farm, 20f (City ar town) factory, street, office bldg., etc.) M.D. PHYS DIRECTOR STAFF PHYS 22d. ADDRESS Springfield Hospital, S Y OR CREMATORY 23d. JOCAT ON (City, fown) Baltimore 250. REC'D BY REGISTEAR 250, REC'D BY REGISTEA

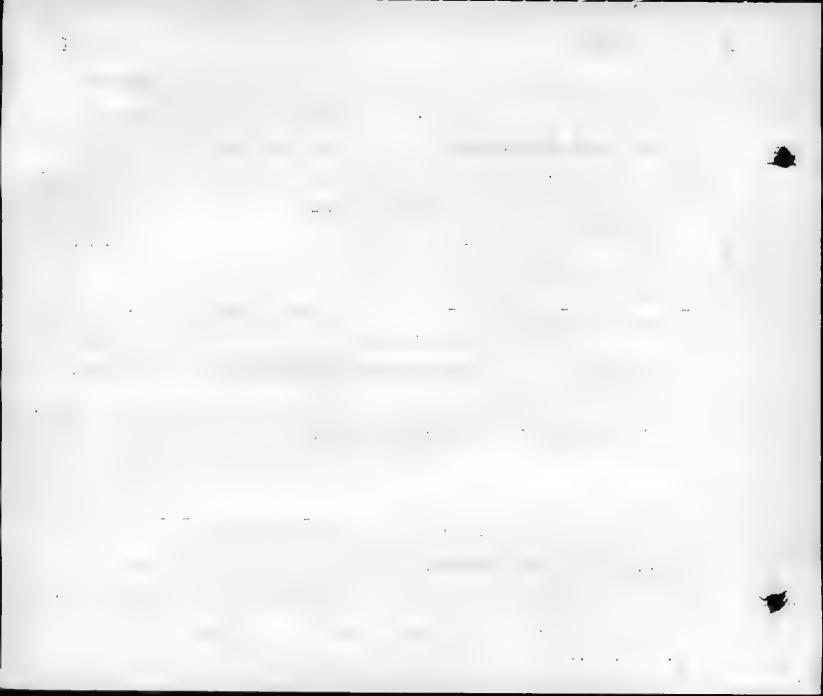
and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with n 24 may by from and by the haspital at attending physician.

TO FUN.

I DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 stauld be detached far use as the burial-transit permit. Then please remaye is about appers. Pages 1 the State Board of Health prior to burial, cremation, at remayal, and in any event, with 22 haurs after death.

urs after death. Page 4

VR A1S (4) 1SM 9/S9



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	5.45	9		TE OF DEA	TH		ŧ	5450
1 P	LACE OF DEATH	100	m le Pilm 6267	2 USUAL RESIDEN	CE (Where decease	d tived. If institution	. Residence bef	are admission)
0	. COUNTY		MARYLAND	a. STATE		b. COUNTY	D-24-4	-
b CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY N 3b c. CITY OR TOWN (If autside carporate limits, write RURAL and g						PAL cod give s	porant town)	
10	RURAL ond give neare:	st town)	,	II .	ria fit anizios carbo	argre Hmirs, write KO	2 1 /	astesi jowity
	Sykesvill		2months 15 Da	V	i more		and I'd	1-1
d	OR INSTITUTION	(If not in hospital, give stre	eet oddress)	d. STREET ADDI	RESS			e. IS RES DENCE ON A FARM?
		ld State Hos	pital	3126 Gr	eenmount	Avenue		YES NOT
3. N	IAME OF	First	Middle	Lost	4. DATE	Manth	D	lay Yeor
	Type or print)				OF DEATH			9. 1967
5 S	*		Davison Mallory			9 AGE (In years	ETIMOER LYEA	R IF UNDER 24 HRS.
2 2	CA 0	COLOR OR RACE / M.		B DATE OF BIRTH		lost birthday)	Months Days	Hours Min
	Male W	hite WIDO	OWED TO DIVORCED	12-12-84	,	76 yrs.		
10a	USUAL OCCUPATION (Give kind of wark done 1	OB KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE	(State or foreign c	auntry)	12 CITIZEN C	OF WHAT COUNTRY?
	Decorator	ine, even it remed,	_	Marra	land		U.	S.A.
13.	FATHER'S NAME	,		14. MOTHER'S MA			,	
				-	77			
	William H	Parker			Phillips	A 4.4		
15. (Yes,				NFORMANT		Addre	755	
	ves Wo	rld War I	218-09-4292	Springfie	1d Medica	1 Records	3	
	IB CAUSE OF DEATH	Enter only one cause pe	r line far (a), (b), and (c) }				itN	TERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY					01	SET AND DEATH
	A LIM		<u>Bronchopneumoni</u>	8				_Days
	1111	DUE TO						
/	Canditians, if any,							
	gave rise to imm	ediate (Ous TO						
	lying cause lost.	under-						
z		SIGNIFICANT CONDIT ON	IS CONTRIBUTING TO DEATH BL	T NOT RELATED TO TH	E TERMINIAL DISEAS	SE CONDITION GAVE	N IN PART 1(a)	19 WAS AUTOPSY
CERTIFICATION						E CONDITION ON	,41141 AM - (0)	PERFORMED?
2			<u>ı cerebral arter</u>					YES NO 🔣
ET I	20a. ACCIDENT WAS U	INDERLYING [20b. [DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of in	jury in Part I or Pa	rt II of item 18.)		
U	(IF EITHER, NOTIFY ME	DICAL EXAMINER)						
S	20c TIME OF INJURY	Month, Day, Year 20a		LACE OF INJURY (Han		y ar town)	(Caunt)	(State)
MEDICAL	Haur o. m.	19 WH	ine rigir willie i	actory, street, office blo	dg., etc.)			
Σ	p. m.	Jul	work at work				1.5	
	21 I certify that (I) (this haspital) atte	ended the deceased from	2-24-6]	19 , to_	5-9-	1961	hot (I) (we) last
	saw the deceased	alive on 5-	-9- 1961 , and that	death accurred a	2 A.M. from	the couses onc	on the dat	e stated obove.
	220 SIGNATURE	1 1 1	O d	0.0011.00				22b DATE
	Clarin	Har chiel 1	Carrello	M D PHYS	MED.	STAFF	W O	SIGNED
	22c. PHYSICIAN'S	voli cece	-sirre pec.	M D PHYS L	DIRECTOR	PHYS.	May 9	1961
	NAME (Type)		/-		94 . 9 3 . 77			
		in del Camp	o, M.D.	Spring	Tela Hos	pital, Syl	Kesville	, Maryland
230.	BURIAL, CREMATION,	236 DATE THEREOF	23c. NAME OF CEMETERY C			TION (City town, or	caunty)	(Stote)
B	URYPAT (Spec fy)	5-12-61	Baltimore Na	ational	Ba.	ltimore		
24	FUNERAL DIRECTOR'S SI	IGNATURE	ADDRESS	25	a. REC'D BY REGIS	TRAR 256 REGIS	TRAR'S SIGNAT	URE
	n. Cook, Inc.		Paul Street		ENFAV 1.1 JC1		0 4	
7				I Da	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7	. V 41. 1.4	,

Collug & Krank

DATELY 11 '61



20c. TIME OF INJURY

Q. M.

AND STATE DEPARTMENT OF HEALTH **BALTIMORE 1, MARYLAND**

1. EAP a

	\sim	DIVIDIO OF STATISTICAL RESEARCH AND RECORDS	
į G	U	CERTIFICATE OF D	E/

	03,	/ 0			CERTIFIC		L OI DEATH					<i>FJ 4</i>	
	LACE OF DEATH	rroll			MARYLAI	4D	2. USUAL RESIDENCE (Who o. STATE Marvl:		d lived. If instituti b. COUNTY		sidence befo		ssion)
ŀ	CITY OR TOWN (I	f outside corporate limit arest town)	ts, write	c. LENG	TH OF STAY IN	1Ь	c. CITY OR TOWN (If the	-	orote limits, write R				vn)
	Sykesvi				.6mos.20	da	rs Cumbe:	rland					
	I. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	ive street	address)			d. STREET ADDRESS						SIDENCE A FARM?
	Springf	ield State	Hosp	ital			Baltimor	e Ave	nue			YES [NOK
	NAME OF DECEASED	Fire	st		Middle		Last	4. DATE	Mon	ith	Do	iy	Yeor
	Type or print)	Fra	ancis	3	Joseph		Puhalla	DEATH	May		28	3	19 61
S. S	EX	6. COLOR OR RACE	7. MARI	RIED N	EVER MARRIED] [B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UN Mon	DER 1 YEAR		
	Male	White	WIDOW	ED 🗌	DIVORCED	3	November 13,	1909	51 yr	Mon	ths Days	Hours	Min.
0a 7	USUAL OCCUPATION OF THE PROPERTY OF THE PROPER	ON (Give kind of work of interfered)		_	BUSINESS OR II	NDUS	TRY 11. BIRTHPLACE (Stote of Maryland		mberlan		U.S.		COUNTRY
13	FATHER'S NAME						14. MOTHER'S MAIDEN N	AME					
	Joseph P	uhalla					Maud Red	ed E	Housewor	th			
		R IN U. S ARMED FOR		SOCIAL S	ECURITY NO.	7, I N	FORMANT		Add	-			
1,402	No or urknown)	(If yes, give war or dates of si	ervice) 2	214-0	5-8646	5	Springfield He	ospit	al Record	ls			
		TH [Enter only one co TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o				s (Obliterans	*			ONS		DETWEEN D DEATH
	Conditions, if or gave rise to it couse (o), stating lying couse last.	the under-)	-									
CERTIFICATION	qualifyin 200 ACCIDENT WA	g phrase ()	nisto	DIY O	f trauma	. er	NOT RELATED TO THE TERM I OWN OR UNCERT Dilensy and a (Enter noture of injury in P	Lcoho	lism.	OUT	PART 1(o)	PERF YES	AUTOPS) ORMED? NO

MEDICA Not while at work 🔲 at work 21 I certify that (1) (this hospital) attended the deceased from November 8, 1957, to May 28,, 1961, that (1) (we) last 19. 61 and that death accurred dil: 50P. Wrom the causes and on the date stated above saw the deceased olive on May

22a SIGNATURE ATTENDING PHYS STAFF PHYS DIRECTOR -

20e. PLACE OF INJURY (Home, form,

factory, street, office bldg., etc.

220 PHYSIC AN S NAME (Type) Agustin delCampo, M.D.

20d INJURY OCCURRED

Doy, Year

Springfield Hospital, Sykesville, Md.

20f. (City or town)

[County]

(Stote)

(State)

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a BURIAL, CREMATION, REMOVAL (Specify)
Burial 6-I-6I Hillcrest Burial Park Cumberland, Md.

24, FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Scarpelli Cumberland, Md. DATE JUN 2 arthur S. Frank

TR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 event, within 72 haurs after Then please remave carban papers. ond in any Nained by the hospital ar attending physician.

A DIRECTOR: After this certificate has been signed by tould be detached for use as the burial-transit permit.

Board of Health priar to burial, cremation, ar removal, TO HESPITAL page 3 st TO FUN

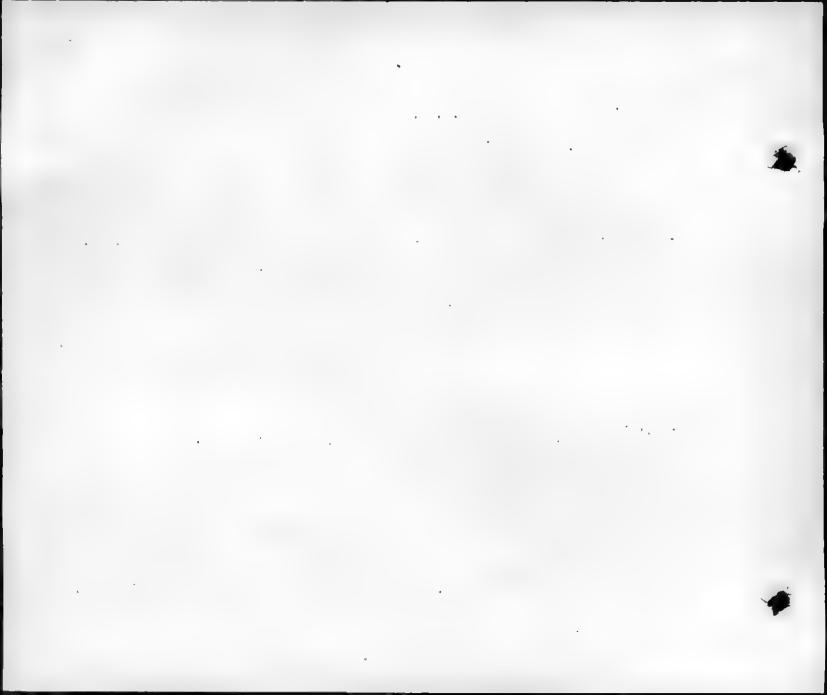
the funeral director, should be filed with

and campletely fille.

death

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1SM 9/59



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f cate has been signed by the attending physician and campletely filled of the funeral director.	the bunal-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with	
10%	ond 2	
ely filled	Pages 3	r denth
camplet	popers.	office office
sician and	ve carbon	within 79 h
nding ph)	eose remo	france Vill
the atte	Then pl	and in a
igned by	permit.	removal
e has been	ourial-transi	I cremetion or removed and in any event within 72 hours often death
cat	the 1	1

OR ATTENDING PHYSICIAN: The lam amquires that the death certificate be executed within 24 hears after death. Page 4 uned by the haspital an attending physician.

* DIRECTOR: After this certificate has been signed by the attending physician and campletely filled . Lot the funeral director. page 3 should be detoched far use as the State Board of Health priar to burio TO FUNERAN

TO HOSPIT

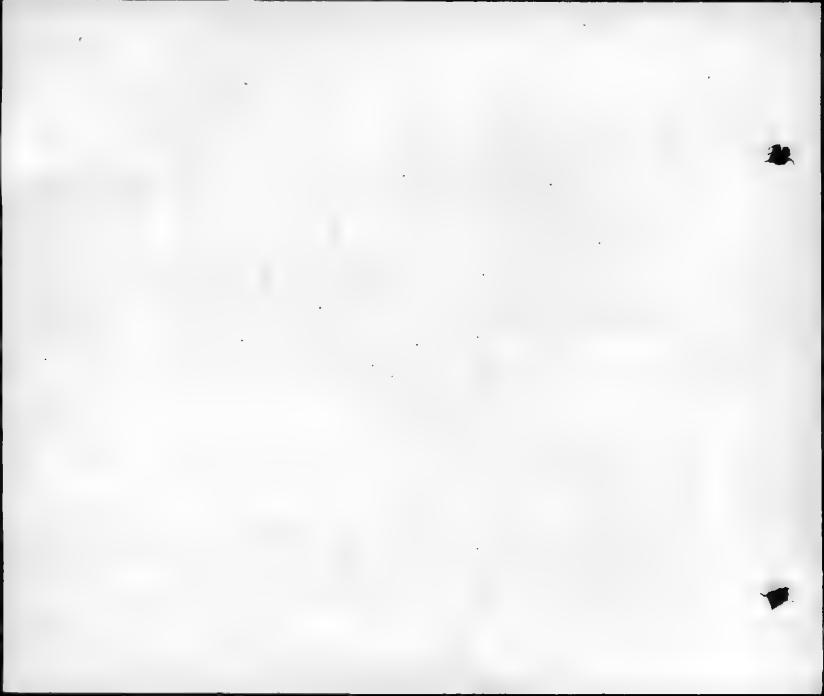
VR A15 (4) 15M 9/59

o. COUNTY			2. USUAL RESE	PENCE (Where deceased	b. COUNTY	Residence before o	dmission)
Carroll		MARYLAND		arvland		Carroll	
b CITY OR TOWN (If autiside carpore RURAL and give nearest town) Middleburg	ote limits, write	c. LENGTH OF STAY IN 16	300	rown (If outside corpor ural Taney		AL and give nearest	town)
d. NAME OF HOSPITAL (If not in has	pital, give street o		d STREET A			e 15	S RESIDENCE
Brookfield Mano	r Nursir	or Home	I R	oute #lm			ES NO
3 NAME OF DECEASED	First	Middle	tas	4 DATE	Month	Day	Year
	braham	Taylor	Reed	OF DEATH	Mars O	2	1961
5. SEX 6 COLOR OR	- T - TELLETINE	ED NEVER MARRIED	8. DATE OF BIRT	н !	May 2	FUNDER TYEAR IF I	
Male White	WIDOWE		August	13. 1880		Months Days H	ours Min
10a USUAL OCCUPATION (Give kind al	work dane 10b	KIND OF BUSINESS OR IND			untry)	12. CITIZEN OF WI	HAT COUNTRY
during most of working life, even if Farmer- Retire		wn farm	Virg	ร้างร้อ		U.S.A.	
13. FATHER'S NAME	<u>, u</u>	MIL TOTAL	The second second second	MAIDEN NAME		I Decle	
Ottv Reed			36-	A T	h		
15. WAS DECEASED EVER IN U. S. ARME	D FORCES? 116	SOCIAL SECURITY NO. 17.	INFORMANT	cy Anne Lesi	Addres	is .	
(Yes, no, or unknown)	lates of service)	1	. D . 1	T) 3 777 I			
no			ir. David	Keed West	ninster, l	laryland	AL ACTIMIES.
PART I. DEATH WAS CAUSE		e for (b), (b), and (c)		00	A	ONSET	ND DEATH
IMMEDIATE CA	USE (o)	The second	ecular	e necial	ul		<u>xays</u>
51 X	DUE TO	0 00	1	0 '			0
Conditions, if ony, which	(b) Cl	repreal a	ileuro	celevasi	4	6	yres
gave rise to immediate couse (a), stating the under-	OUE TO	1		. 1	C		
lying couse lost.	(c) (5.0	nevalines	livelen	roscler	and	6-1	Jyro
PART II OTHER SIGNIF.CAN	T CONDITIONS C	ONTRIBUTING TO DEATH BI	T NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVE	4 IN PART 1(a) 19. Y	NAS AUTOPS
3 Dupentes	ission	- mule	J.				S NO
PART II OTHER SIGNIF.CAN PART II OTHER SIGNIF.CAN 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING II CAUSE OF I	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter noture o	f injury in Port I or Port	If of item 18)		
	INER)						
20c TIME OF INJURY Month, Do	,,		PLACE OF INJURY (or Iown)	(County)	(State
∑ p m	19 While of work	Not while at work					
21 I certify that (I) (this ho	anital) attend	ed the deceased from	May	1259. to 1	May 23	, 19.6/, that	(C) (we) las
saw the deceased alive an			~	d at /: 109M. from t	he causes and		
220 SIGNATURE	10						22b DATE
1 E. aubler	Alama	RSON	M.D PHYS	DIRECTOR [STAFF PHYS	5	123/6
22c PHYSICIAN'S			22d. ADDR	ESS			
NAME (Type) E. Amble	r Thomr	v Ison	Tene	ytown Md			
230 BURIAL, CREMATION, 236 DATE		23c NAME OF CEMETERY			ION (City, lown, or	County	(State)
REMOVAL (Specify)							(0.0.0)
Buriel May 2	5 1961	Sams Creek (<u>cemetery</u>	250. REC'D BY REGISTI		aryland RAR'S SIGNATURE	
John W	Pillo		Fare Care	MAN o o			
_C.O. Fuss & Son		Taneytown, Ma	ryland	DATE WUAT 2 5	U.	thur S. France	4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

200	CERTIFICATE OF DE	ATH	05452
PLACE OF DEATH D. COUNTY!	MARYLAND U. STATE	ENCE (Where deceased lived If institution: Resi	arroll
b CITY OR TOWN (If autistic carporate imits, write URAL and give negrest fown) NAME OF HOSPITAL (If not in haspital, give street	35 m RM	al postman	nd give nearest town) e 15 RESIDENCE
OR INSTITUTION PD#6		RO#6	ON A FARM? YES NO 1
3. NAME OF DECEASED (Type or print) PAYMOND 7.	HOMAS ROWE	4. DATE Manth OF DEATH	Doy Year /7 196/
5. SEX 6. COLOR OR RACE 7. MARK		9. AGE (In years of UNI	hs Days Hours Min.
10a USUAL OCCUPATION (G ve kind of work dane 10b. durying most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA	CE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14 MOTHERS	MAIDEN NAME	7
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1791. no, or unknown) [If yes, give wor or dailed of service)	SOCIAL SECURITY NO. 17, INFORMANT	Their Rove So	ne address
18 CAUSE OF DEATH [Enter only one cause per In	ne far (a), (b), and (c).]	0	INTERVAL BETWEEN ONSET AND DEATH
Canditions if any, which gave rise to immediate cause (a), stating the under-lying cause last.	hracie Mya	enlity Exleca	a Sineral
CAHC	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THETERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS ALTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED (Enter nature of	injury in Part I or Part I, of item 18.)	
20c TIME OF INJURY Month, Day, Year 20d (1) While at war	Not while factory, street, affice	ome, farm, 20f (City ar town) bldg., etc.)	(County) (State)
21 I certify that (1) (this hospital) attends saw the deceased plive an hilly !		1 M 1	9_6/_, that (I) (we) last the date stated above
Willem Spe	ieller M.D. ATTENDING	MED DIRECTOR PHYS	5/18/6/SIGNED
22c PHYSICIAN'S NAME (Type)	22d ADDRES	stuinster me	1
23d BUR AL, CREMATION, 23b DATE THEREOF, BANKAL 5/20/6/	23c NAME OF CEMETERY OF CREMATORY	23d LOCATION (City, lawn, or calm	hunater M.
24 FUNERAL DIRECTOR'S SIGNATURE		250 REC'D BY REGISTRAR 256. REGISTRAR 2007 Cuthun	S. Thomas



MAKTLAND	SIAIL	EPAKIMEN	I OF HEA	ALIH
IVISION OF STATISTICAL	RESEARCH AT	ND RECORDS -	BALTIMORE	1, MARYLAND
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EATH			

CERTIFICATE OF DEATH

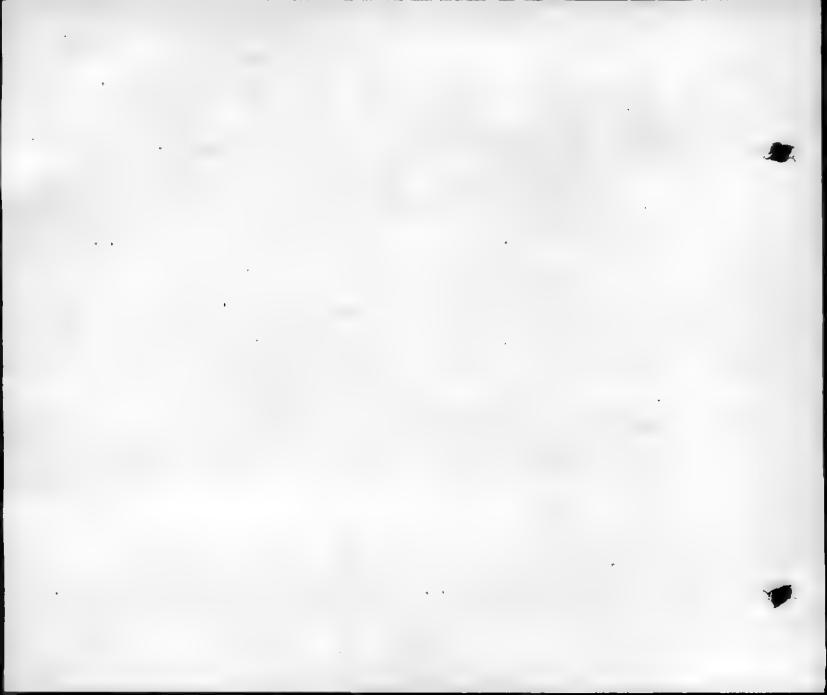
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	-		200	- T-						U	(1)	4
		PLACE OF DEATH 3. COUNTY	Carroll	11	MARY		STATE Marvl		b COUNTY	Res dence be		,
		CITY OF TOWAL		ia	ENCTH OF THE	10.0.25			12 - 12			
		RURAL and give		, write C.3	LENGTH OF STAY	in mos	c. CITY OR TOWN (If o	utside corporo	e limits, write KU	KAL and give n	eorest town	1 40
· in	ru.		ville		lo days		Baltin	iore				8 4
Prop.	(d. NAME OF HOSP OR INSTITUTION	TAL (If not in haspital, gr	ve street addr	ess}		d. STREET ADDRESS				e IS RES	IDENCE FARM?
		Sprin	gfield State	Hospi	tal		3721 S		ale Ave.			NO [2]
	3 1	NAME OF DECEASED	First		Middle		Last	4 DATE OF	Manti	h f	Day '	Year
	((Type or print)	Alexar	nder		S	chiaffino	DEATH	may	, {	3	1961
	5 S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRI	ED 3C) 8.	DATE OF BIRTH	9	AGE (In years	IF UNDER 1 YEA	-	
		Male	White	WIDOWED [DIVORCE		April 30, 18	91	70 yrs	Months Days	Hours	Min
	100	USUAL OCCUPAT	ION (Give kind of work d	one 10b KIND	O OF BUSINESS O		Y 11 BIRTHPLACE (State	,	itry)	12 CITIZEN	OF WHAT C	OUNTRY?
	I	talian Co	nsul's offic	e.			Maryland	_		U.S	.A.	
	13.	FATHER'S NAME		· ·			14 MOTHER'S MAIDEN N	IAME				
		Giova	nni Schiaffi	ino			Paulin	a Most	ola			
	15	WAS DECEASED EV	ER IN J S ARMED FORCE		IAL SECURITY NO	17, INFC	RMANT		Addre	385		
		No	(ii ye). give wal at a car in	N,Cer	000	Sp	ringfield Ho	spital	Records			
		18. CAUSE OF DE	ATH [Enter only one cou	se per line fo	r (o), (b), and (c).	}	0			IN	TERVAL BE	TWEEN
		PART I DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Car	Ain Do	Lac.	onn Ken	0 2		0	TOLT AIND	DEATH
		41	DUE TO									
		Conditions, if	a X	0	2000	'	Sans	6			1	
		gove rise to	immediate (100	and Canada by a Thomas		C CLLUC C				176	<u> </u>
		couse (o), stoling									,	
	7	lying couse last	(5).								110 11116	A ATORCY
	ATION		hrenia, hebe			ATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE (ONDITION GIVE	:N IN PART I(0)	PERFO	RMED?
	Ü	*		*	0.1						YES V	ио 🗌
	CERTIF	20a ACC.DENT W OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING [] 1 IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206 DESCRIBE	E HOW INJURY O	CCURRED	(Enter nature of injury in F	Part I or Port i	of item 18)			
	8	20c. TIME OF INJU	JRY Manth, Day, Yea	20d INJUR	Y OCCURRED	20e. PLAC	E OF INJURY (Hame, farm	, 20f. (City o	r town]	(Count	v)	(Stote)
	MEDICAL	Hour o.m.	10	While	Not while	focto	ry, street, office bldg., etc.)	,	(444)	,	,,
	\$	p. m.			at work							
		21 certify th	at (I) (this haspital)	attended	the deceased	fram M	arch 7, 15	5_ , to _D	Jan 19	19.61_,	that (I) (we) last
		saw the deced	ased alive an ma	ام ۱۹	_19 <u>G1</u> , and	that ded	ath accurred at 9.3%	M, fram th	ie causes and	d an the da	te stated	above
		220 SIGNATURE	+ 1 1	1 12	1						221	DATE
		Lean	walm cle	6 (1)	1772 120	M	D PHYS D	RECTOR .	STAFF PHYS	may 1	9 19	
		20: PHYSICIAN'S					22d ADDRESS					E_1
		NAME (Type)	Agustin de	,lCampo	, M.D.		Springfiel	d Hosp:	ital, Sy	kesvill	e, Md	
	236	BURIAL CREMATI	ON, 236 DATE THEREO!	23	NAME OF CEM	ETERY OR	REMATORY -	23d LOCATIO	N (City, town, a	r county)	(Stot	e)
	1	PENOVAL ISHEET		6/ 2	maine	1 die	miles	Word	win -	7- TA	7	and
	24,	FUNERAL DIRECTO	R'S SIGNATURB		ADDRESS / 1	, , , , , , , , , , , , , , , , , , , ,		BY REGISTRA		TRAR'S SIGNAT	URE /	
	1	The THE	+ Hon		20/ Me	Alle	EFULL DATE	AV D. A 7G		thun of the	s wed	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate bill executed within 24 hours offer death. Page 4 may be fined by the hospital or attending physician.

TO FUN. I DIRECTOR: After this certificate has been signed by the attending physician and campletely filled for the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death TO FUNE

VR A15 (4) 15M 9/59



5464

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

05455

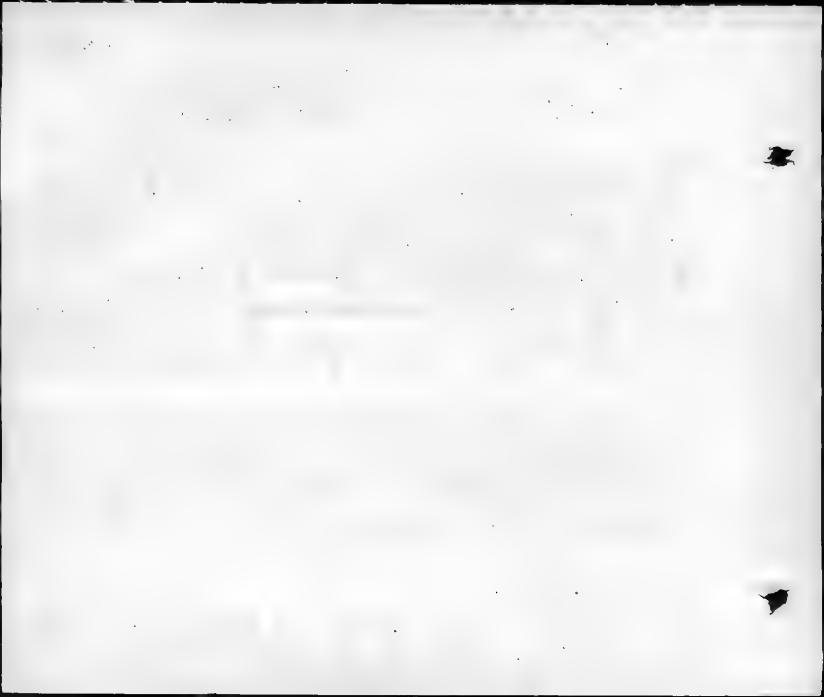
1-			100
	PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Res dence b COJNY)	before admission)
6	b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 CLUMAL and give neorest town)	c. CITY OR TOWN (If outside gorporote limits, write RURAL and giv	e nearest town)
	d. NAME OF HOSP TAL (If not in hospito, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECRASED (Type or print) WILLIAM - M - SHA	FFER JATE Month DEATH Mary 6	Day Year
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8 WIDOWED DIVORCED (Oct 1-1887 Igs birthdoy) Months Di	YEAR IF UNDER 24 HRS oys Hours Min
100	JSLAL OCCUPATION (G ve kind of work done 10by KIND OF BUSINESS OR INDUST during maked working life, even if retired)	2 md L	OF WHAT COUNTRY?
	Feorge-W-M-Shaffer	Laura & Sheares	
	was deceased ever in L. S. ARMED FORCES? 16 SOCIALS KURITY NO 17 INF	Helen Wardley-310 E 31st St	Bulle Mil
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) UNIVARILY SOLUTION OF TO Conditions, if ony, which)	ronfriences (Hent)	INTERVAL BETWEEN ONSET AND DEATH 2 years
	gove rise to immediate couse (a), stating the under-lying couse last.		
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of Item 18.)	
MEDICAL	20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLAC Hour o. m. 19 While of work of work	CE OF INJURY (Home, farm, 20f (City or town) (Country, street, office bldg , etc.)	unty) (State)
	21 I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 3 196, and that de	ath accurred atM, from the causes and an the c	, that (1) (we) last date stated above
		.D. ATTENDING MED. STAFF	5-8-6 SIGNED
	22c PHYSICIAN'S NAME (Type) M. C. Porterfield	22d ADDRESS AMPSTERD,	170
230	DEBUTIAL GREMATION, 236 DATE THEREOF 236 NAMEJOF CEMETERY OR DELL'AS MANGE OF CEMETERY OR DELL'AS MANGE	tend buroll lo	Wild
7/	ipton - ELNE - Hamptead	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN DAMAY 9 '61 Carling & the	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be fined by the haspitol ar attending physician.

TO FUNZ. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shbuld be detached far use as the burial-transit permit. Then please remove corban papers. Pages I the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours offer death. VR A1S (4) 15M 9/59

uss after death. Page 4

the funeral director, should be filed with



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5465 il director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND the funeral should be fi b. CITY OR TOWN (If outs'de carparate limits, write c. LENGTH OF STAY IN 16 OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) NAME OF HOSPITAL (If not in hospital, give street address)
OR INMITUTION d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NOVE NAME OF 4. DATE Day Middle Month Year Filled DECEASED DEATH (Type or print) 196 E UNDER 1 YEAR JE UNDER 24 HRS B. DATE OF BIRT campletely 5 SEX MARRIED | NEVER MARRIED 9. AGE (n yes lost birthday) Manths Days Haurs DIVORCED [7] 듄 106. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY M.1 BIRTHELACE (State 12 CITIZEN OF WHAT COUNTRY? ar foreign country) 5 during most of working life, even if retired) pup 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17 INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line forts), (b) and (c). ONSETAND DEATH ā PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ģ Conditions, if any, which signed gave rise to immediate DUE TO cause (a), stating the underlying couse last **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO Z 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING TO CAUSE OF DEATH 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, , 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) While p. m Not while of work of work p. m. 5-13 _, 1966_, that (1) (we) ast 21. 1 certify that (1) (this haspital) attended the deceased from 2-1 sow the deceased olive on 19.0 hand that death occurred at 20.0 M, from the causes and on the date stated above. DIRECTOR: 22g SIGNATURE ATTENDING PHYS MED DIRECTOR PHYS ADDRE 22c PM 22d FUNE JRIAL CREMANON. OR CREMATOR LOCATION (City, town, or county) (State) page The St Ó 25b REG arthur S. Krous VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05457

1 PLACE OF DEATH	1					DENCE (W	here decease	d lived. If institut		nce befa	re admi:	ssion)
a. COUNTY	Carroll		MARYL	AND	a. STATE	Mary	land	b. COUNTY		ltim-	ore	City
b CITY OR TOW	N (sf auts de carparate l'm	its, write	c. LENGTH OF STAY II	N 1b	c CITY OR I	II) NWO	autside carpo	rate limits, write f	RURAL and	give nec	arest tow	m)
	e negrest town)		36 yrs.8mos	25	lavs	Balt	imore	1966			\$	
d. NAME OF HO	SPITAL (If not in hospital,	give street		-	d. STREET A		24414014	•			e. IS RE	SIDENCE
OR INSTITUTE	ingfield Sta	te Ho	spital		1	Unkno	רושכ					A FARM?
3 NAME OF		rst	Middle		Las		4. DATE	Ma	nth	Do	IV	Year
(Type or print)	Mil	nnie			Silverm	an	OF DEATH	May		25,	,	19 61
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	D [X]	B. DATE OF BIRTH	1		9. AGE (In years				ER 24 HR
Female	White	WIDOW	ED DIVORCED		189	0		70 yrs	Months	Days	Havrs	Min
100 USUAL OCCUP	ATION (Give kind of work	dane 10b	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (State	ar foreign c	ountry)	12 CIT	NZEN O	FWHAT	COUNTRY
None	warking life, even if refired	1)	-		Rus	sia				Rus	sia	
13. FATHER'S NAME					14. MOTHER'S		NAME					
Unkno	WITT).				Un	known	1					
	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT			Ado	lress			
(Yes. no. or unknown)	(If yes, give wor or dates of	service)	_	1 5	Springfi	eld H	losnita	al Record	is.			
18 CAUSE OF	DEATH Enter anly one of	ause per li	ne far (a), (b), and (c).)							INT	ERVAL B	ETWEEN
PART L	DEATH WAS CAUSED BY	. Δ	cute corona	י ינייד	າດດໃນຂ່ວ	n					et and Hour	D DEATH
1 4:	DUE TO	-,	0000 0010110	<u> </u>	DOOTHDTO	A 4					Oui	<u> </u>
Candilans	Carrier of the N	۵	rterioscler	ott	heart.	dises	200				Year	. 42
gave rise t	a immediate		T COLLOD CITCI	O UL	J IICAL U	OTDOO	X D C				1001	<u> </u>
cause (a), stat	ing the under-											
	OTHER SIGNIFICANT CON	DIT ONS	CONTR BUT NG TO DEA	TH BUT	NOT RELATED TO	THE TERM	NAL DISEAS	E CONDITION GI	VEN IN PAI	RT 1(a) 1	9 WAS	AJTOPS
Mental	Deficiency,	Idic	pathic, sev	ere	Pulmo	nary	tuber	culosis.		2	PERF	ORMED?
E 20a ACCIDENT	WAS UNDERLYING []	20b DES	CRIBE HOW INJURY OC	CURRED) (Enter nature a	f injury in	Part I ar Par	t II of item 18.)		and the	165	1 .40 1
200 ACCIDENT OR CONTRIBUT (IF EITHER, NOT	WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER)							,				
	JURY Manth, Day, Ye	tar 20d l	NIURY OCCURRED	20e. PL/	CE OF INJURY (Home, form	m. 20f. (Cih	or town)		(Caunty)		(Stat
Havr a	m. 10	While	Nat while		tary, street, affice					, , , , , ,		
	m,	at war		. 7	Jonah 7		22 1	Spar OF		Z1		
21 I certify	that (I) (this hospita	l) attend	ded the deceased f	fram.±	nai cii			lay 25	, 19	out, th	nat (I)	(we) la
	eosed olive an Ma	y 20 9	19.61, and	that d	eath accurred	d a14.52	2WC, From	the causes or	nd on th	e dote		d abayı 26.DATE
220 S CNATUR	asterio di	1.1	mile		ATTENDING	G W	AED PIRECTOR [STAFF PHYS (3K			5/2	SISKE
ZE PHYSICIAN	is constant to	~ (milye		22d. ADDRI		IRECTOR D	71173 (20.			27 6	
NAME (Typ	e) Agustin	delCa	mpo, M.D.		Sprin	gfiel	ld Hos	oital, Syl	cesvi.	lle,	Md.	
23a BUR AL CREMA	TION 235 DATE THERE	OF.	23c NAME OF CEME	TERY O	CREMATORY		234 LOCA	TiON (City, town,	or countri		(Sto	tel
REMOVAL ISpe		01	Oheb Shale					timore,			(510	1.6)
24 FUNERAL DIRECT	2/10//02		ADDRESS	OIL C	V-15 *	250 PSC	'D BY REGIS		ISTRAR'S SI	IGNATI	RE	
·	SON & BROS I	NC (6010 Reist.	Rd		DATE DATE			tilling.			

TO HOSP(TAL MR ATTENNIN MYSICIAN: The law remures that the death certificate be executed within 2m hours after death. Page 4 VR A15 (4) 15M 9/59



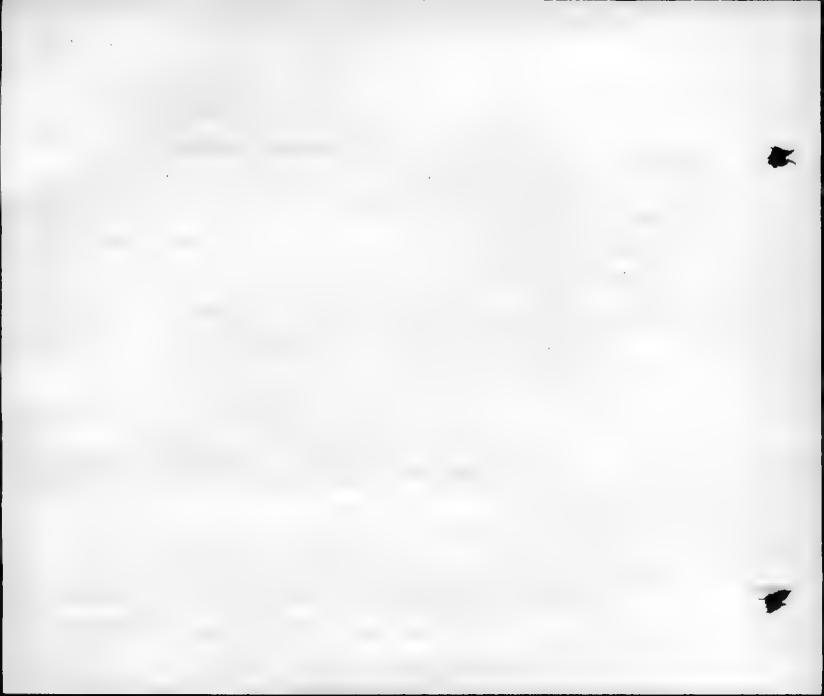
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	CERTIFICATE OF DEATH	05458
1, [PLACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Resion. STATE O. STATE D. COUNTY A. C	idence before admission)
1	CITY OR TOWN (I outs de corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (Il outside corporate limits, write RURAL or BURAL ond give necrest town) ANAME OF HOSPITAL (If not in hospital, give street oddress) OR NSTITUTION PD # 6	nd give nearest town) A G IS RES DENCE ON A FARM? YES A NO
1	NAME OF DECEASED (Type or print) MARY BERTHA SITTERDING DEATH MAY	Day Year /4 196/
4	ternale White WIDOWED & DIVORCED Jel. 11 1881 go yrs Mont	
پ	2 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 dying most of working life, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME	CTIZEN OF WHAT COUNTRYS
15.	WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of vervice)	rmi aldus
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost. (c)	1 mined
ICATION	PANY I OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN FIGURE TIME I CITY I CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port I of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c TIME OF NJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Of work of or work of wor	(County) (State
	21 1 certify that (1) (this hospital) attended the deceased from 1246, to 7264 147	9_6_1, that (1) (we) las
	sow the deceased alive on 2 and 12 1941, and that death occurred at 5 M, from the course and an 220 SIGNATURE ATTENDING PHYS DIRECTOR STAFF PHYS D	the date stated above 22b. DATE SIGNED
	Pac Physician's NAME (Type) C. L. Billings/ea Westrainetics)11	eary land
230	SENSIAL CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or cound seminal (Specify) 5/17/6/ Deer Fark Climites, Rund who	Trimster Me
2	FUNERAL DIRECTOR'S SIGNATURE AGDRESS AGDRESS 250. REED BY REGISTRAR' 25b. REGISTRAR'	

may by variationed by the hospital ar attending physician.

TO FUN. At DIRECTOR: After this martificate has been signed by the attending physican and campletely filled by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 10 pr after death. Page 4 VR A1S (4) 1SM 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS

CERTIFICATE OF DEATH

115150

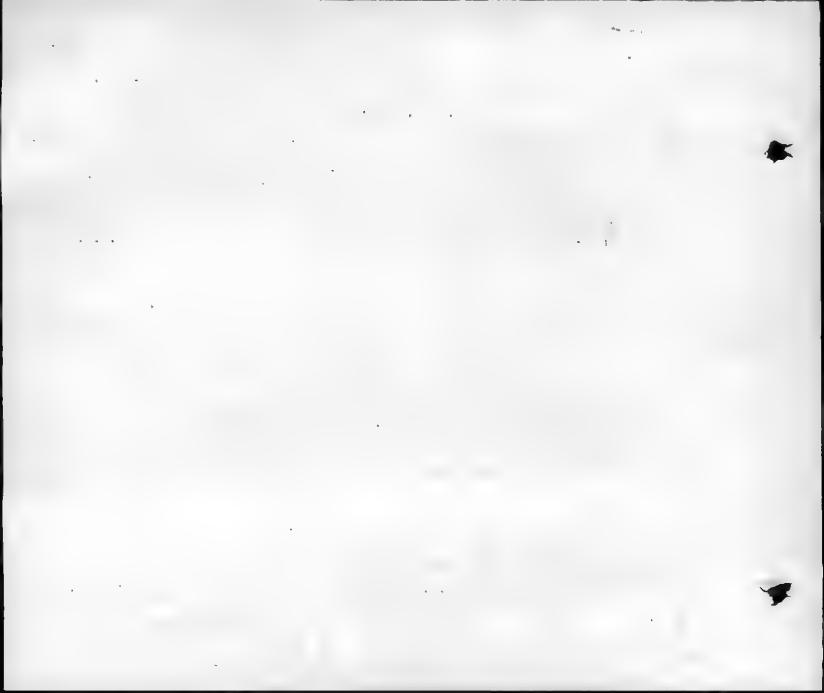
				4.				V U 4	
1 PLACE OF DEATH o. COUNTY				SUAL RESIDENCE (Wh		red. If institution			
	rroll	MARYLA			rland			o.Cit	
b. CITY OR TOWN (If outsi	de corporote limits, write town)	c. LENGTH OF STAY IN		. CITY OR TOWN (If a		limits, write RU	IRAL ond give	nearest to	wn)
Sykesville		34yrs.5mos.2	- 1	Balti	more	repr	5 / 5		1
d. NAME OF HOSPITAL (IF			- 1	d. STREET ADDRESS				ON	A FARM?
	State Hospi	tal		Unknov	1			YES	ON D
3. NAME OF DECEASED (Type or print)	Flora	Middle		Small	4. DATE OF DEATH	May	h	31,	Yeor 19 61
	White WIDOW	_		te of Birth 1901	9.	AGE (In yeors lost birthdoy) 60 yrs	Months Do	YEAR IF UN	
10a USUAL OCCUPATION (G	ive kind of work done 10b.	KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE (State	or foreign coun	rry)	12. CITIZEI	N OF WHA	COUNTRY
Factory wor		-		Maryland	1		U.	S.A.	
13. FATHER'S NAME			14.	MOTHER'S MAIDEN N	IAME				
Israel Smal	1			Sarah Mi	iller				
S. WAS DECEASED EVER IN L	J. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17, INFORA	AANT		Addre	ess		
No	ee	-	Spr	ingfield Ho	ospital	Records	3		
ONSET									BETWEEN ID DEATH Lhs
Canditions, if any, w gave rise to immed couse (a), stating the un lying cause lost.	liote (
5	SSIVE reacti	CONTRIBUTING, TO DEATH	pe.	RELATED TO THE TERMI	NAL DISEASE C	ONDIT ON G VI	EN IN PART 1	(o) 19. WA PER YES [S AUTOPSY FORMED?
OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	AUSE OF DEATH	CRIBE HOW INJURY OCC	URRED (En	ter noture of injury in l	Port I or Port II	of item 18)			
ZOC. TIME OF INJURY M Hour o. m. p. m.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED White Not white of work								
	21 1 certify that (1) (this haspital) attended the deceased from March 7, 1955 to May 31, 1951, that (1) (we) last saw the deceased alive an May 31, 1961, and that death accurred 5:45 M from the causes and an the date stated above								
Constr. del Carrepo M.D. ATTENDING MED DIRECTOR PHYS. 25							226 DATE 31/51		
PHYSICIAN'S NAME (Type)	gustin delCa	mpo, M.D.		Springfie	ld Hosp	ltal,Syk	cesvil	Le,Md.	
23a BURIAL, CREMATION, 2 REMOVAL (Specify)	COLLIGI.	23c NAME OF CEMETE	Shed	MATORY	23d LOCATIO	N (City, town, o	r county)	(5	tote)
24. PUNERAL PRECTOR'S SIG	a Bros De C	ADDRESS.	istown	250. REC'	D BY REGISTRA		TRAR'S SIGN		

ATTENDING MYTICIAM: The lam requires that the death certificate be executed within 14 ha TO HOSPITEL TRATERIDING ENYMECIAM: The law requires that the death certificate be executed within #41 may be the med by the haspital or ottending physician.

TO FUNE, DIRECTOR: After this certificate has been signed by the attending physician and completely filled poge 3 stikuld be detached for use as the burial-transit permit. Then please remave carban papers. Poges 1 the State Board of Health prior to burial, cremation, or removal, and in any event, with n 72 havrs after death VR A1S (4) 15M 9/59

rs after dimith. Page 1 the funeral director,

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<	65	d to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your	-	
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III DIPUTY MEDICAL EXAMINER: This similificate should be mercuted within 24 flours after death. If any delay is necessary, please exe-	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral rectar. Page 4 should be	ţ	TO FUNTAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar ta burial, cremation	or removo

1	x 2 2		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
, e	- A A-		5469 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. NEJ 5461)
crematian	THE Y	1. [PLACE OF DEATH C. COUNTY (ARROLL MARYLAND) MARYLAND 2. USUAL RESIDENCE (Where decemed lived. If institution) Residence before admission) G. STATE MARYLAND G. STATE MARYLAND G. STATE MARYLAND O. STATE MARYLAND
	(M	-	D. CITY OR TOWN (If outside corporate limits, write EURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write EURAL and give nearest lown)
burial		ľ	and give operal lown) ACTIVITY AND CODE VENERAL MARKET PROPERTY AND ACTIVITY AND A
₽			J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS PESIDENCE.
priar	Mark		FREDERICK ROAD FREDERICK ROAD YES NO.
yaur		3.	NAME OF DECEASED (Type or print) CTUY BALLE SMITH DAY 10 19 4
20.0		5. \$	EX 6. COLOR OF RACE 7. MARRIED T NEVER MARRIED 18. DATE OF BIRTH 19. AGE IN your IF UNDER 1YEAR IF UNDER 24 HR
i ed F	(I)	_	M WIDOWED DIVORCED AUG 19-1889 7/ yrs. Months Days Hours Min.
2 in the second		10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTI
and and			FARMER MARYLAND USH
0.0		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
200			HARRY SMITH SALLIE SHUEY
Poge File p			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ADDR
6 1			18. CAUSE OF DEATH [Enter only one cause per line top(o), (b), and (c).] INTERVAL BETWEEN ONSET APP DEATH
n P			PART I. DEATH WAS CAUSED BY:
forr ii p			MAMEDIATE CAUSE (c) Confirmation of the confir
in E			Conditions, if any, which } (h)
0.0			gave rise to immediate couse
Per Jo			(a), stoling the underlying DUE TO cause test.
ice S o		z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
"ី ចូ		CATION	PERFORMED? YES NO I
iner's be us	ν ~	CERTIFIC	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION CONTRIBUT
X S			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
dical E		MEDICAL	Hour o. m. 19 of work of twork of two
N N O			21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry ., and find the
E e			death resulted from: Notural couses . Accident . Svicide . Homicide . Undetermined couse .
Ü			(126 /2 - 1 - 1)
1 th	-		SIGNATURE THEREFORED DATE SIGNED
P	0		ASSISTANT MEDICAL EXAMINER [] 5/20/1
द्ध	E		NAME (TYPE) W GLENN SPETCHERIC CLING DEPUTY MEDICAL EXAMINER X
F G S	2	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
10	В	7	BURIAL MAY 13-1961 WESTMINSTER WESTMINSTER MD
A15ME(5	3	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
- 1 MME(3	1	1	Hartsler & Sons Pew Windrow OAHAY 16'61 archur & Hours



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05461

	~	0	CERTIFICA	IL OI DEATH		TO X				
	PLACE OF DEATH	Carroll	MARYLAND	2. USUAL RESIDENCE (WE STATE Maryla	nere deceased lived If institution b. COUNTY	Residence before admission)				
ľ	b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RU	RAL and give nearest town)				
	Rural -	Sykesville	lyr.lmo.9days	Baltim	ore (18)	BV61-1				
	or INSTITUTION SPRINGF			d STREET ADDRESS	Paul Street	8. IS RESIDENCE ON A FARM? YES NO DO				
1					-te-					
	NAME OF DECEASED (Type or print)	Harriet	Rogers	SMITH	4. DATE Month OF DEATH MAY	26 1961				
	S SEX	6 COLOR OR RACE 7 MARE	RIED NEVER MARRIED	B DATE OF BIRTH		Months Days Hours Min.				
	Female	White wow	ED DIVORCED	9-23-67	93 yrs	Months Days Hours Min.				
	IGO USUAL OCCUPAT	ION (Give kind of work dane 10b inking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY?				
1	Housewi	fe		Maryland		U.S.A.				
	3 FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME	-				
Y	William .	J. Lambdin		Elizabeth	Marshall					
J	IS. WAS DECEASED EV	ER IN U S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17 I	NFORMANT	Addre	11				
	(Yes, no, or unknown) NO	(If yes, give war or dates of service)		Hospital Reco	rds					
ľ	18. CAUSE OF DI	EATH [Enter only one couse per li	ne for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH				
1	PART I DE	PART DEATH WAS CAUSED BY Arteriosclerotic heart disease								
1	1 , ,	IMMEDIATE CAUSE (c) AFGERLOSCLEROGIC REARC GLESGASE Years DUE TO								
1	Conditions, if	ony, which) (b) Co	oronary arteri	osclerosis		Years				
	gove rise to couse (o), stating	immediate (
1	lying couse lost									
	Z PART I O	THER SIGNIF CANT CONDITIONS	ONTR BUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE COND TION GIVE	N IN PART I(o) 19 WAS AUTOPSY PERFORMED?				
	Chronic lor nutri	brain syndrome a	ssociated with	disturbance	of metabolism, otic reaction.	growth YES X NO				
- 1	200 ACCIDENT W	VAS UNDERLYING 206 DESI	CRIBE HOW INJURY OCCURRI	D (Enter nature of injury in	Port I or Port II of item 18)					
- 1		Y MEDICAL EXAMINER)								
-1	20c. TIME OF INJU		Not while 20e 8	ACE OF INJURY (Home, form ictory, street, office bldg., etc.	n, 20f (City or town)	(County) (State)				
	y p m.	10	k of work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	21. I certify th	at (I) (this haspital) attend	led the deceased fram	April 17 19	57 to May 26	_, 19.61 , that (I) (we) last				
1		used olive on May 25			M, fram the causes and	an the date stated above.				
	220 SIGNATURE	11.				22b DATE				
		JX 1 11 CM	nn	M D PHYS DI	ED STAFF	5-26-81ED				
	22c PHYSICIAN'S NAME (Type)			22d. ADDRESS S	pringfield Stat	e Hospital				
	THAT (Type)	Ilse Kamm, M.	D.		Sykesville, Ma					
f	230 BURIAL, CREMATI	1 1 - /	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, fown, or	county) \ (Stpte)				
	(REMOVAL ISSEE!		Landon Fret	Genatory	Brtto.	md.				
	FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS ,	() 1 D 850 REC'	0 1-4	TRAR'S SIGNATURE				
	Touler - C	evanguet. F.H.	- Calorsva	DATE JU	IN 2 '61 (=	"us S. Frank				

TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 years after death. Page 4 may referred by the hospital or attending physician.

TO FUNE ALDIRECTOR: After this certificate has been signed by the attending physician and campletely filled—ay the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremotion, or removal, and in ony event, within 72 hours after death

VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05462

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LACE		AT

	PLACE OF DEATH	Carroll		MAR	YLAND	2 USUAL RESID	SENCE (WM	ere decease	d lived. If instituti b. COUNTY	carro	before odn	ission)
-		outside corporate limi	s, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR T	OWN (If a	utside corpo	rate limits, write R			wn)
	RURAL and give ne	ykesvill	e	2 yr.6	mo	2.00			ville	_		*
	d. NAME OF HOSPITA	AL (If not in haspital, g			24.0	d. STREET A		7, 1100	12240			ESIDENCE
	OR INSTITUTION					1	C	brec	ht Roa	d		A FARM?
3.	NAME OF	Fir	rt	Middl	ė	Los)	4. DATE	Ма	ath	Day	Year
	DECEASED (Type ar print)	MINNIE		L	8	SMITH		OF DEATH	MAY	7	7	19 61
5 5	SEX	6. COLOR OR RACE	7 MARR	RIED NEVER MARR	IED 🔲	B DATE OF BIRTH	1		9 AGE (In years last birthday)	IF UNDER	YEAR IF UN	IDER 24 HRS
	cemale -	white	WIDOWI	ED DIVORC	ED 🔲	April	25,1	.893	68 7/3	Manths (Days Hau	rs Min
10a	USUAL OCCUPATIO	N (Give kind of wark o	iane 10b	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL			ountry)	12 CITIZ	EN OF WHA	TCOUNTRY?
	housewi	fe		home		Mai	rylar	ıd			U. S	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Cr	iarles Ed	ward	Hall		Em	na I	S. Sm	ith			
		IN U. S. ARMED FOR		SOCIAL SECURITY N	O 17 II	NFORMANT			Add	Iress		
		700 CO TO		none	Ch	narles 1	Edwa	d Sm	ith. s	same a	s # 2	2
	1B CAUSE OF DEA	TH [Enler anly one co	use per li	ne far (a), (b), and (c).]				-		INTERVAL ONSET AN	
	PART I DEAT	TH WAS CAUSED BY. JIMMEDIATE CAUSE (o)	GENERAL (CARCI	NOMATOSI	S					3 mos
	ILLIX	DUE TO	-									
	Canditions, if ar	y, which) (b		CARCINOM	A OF	STOMACH, TYPE UNDETERMINED ABOUT 1 YR.						
	gave rise to in couse (a), stating t	nmediate (,						
	lying cause last.	(c										
Ö	PART II. OTH	ER SIGNIFICANT CON	DITIONS (ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. WA	S AUTOPSY FORMED?
FICATION												No 📮
CERTIF	200 ACC DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY	OCCURRE	D (Enter nature at	f injury in P	ert I ar Par	t II of item IB.)			
CAL	20c. TIME OF INJURY	f Manth, Day, Yes	or 20d. II	NJURY OCCURRED	20e Pi	ACE OF INJURY I	Hame, farm,	20f (City	rartawn)	(Cc	ounly)	(State)
MEDI	Hour a.m.	19	While at war	k Nat while	fo	ctory, street, affice	bldg., etc.)				
~			-,		1.6	8/8/60	10		5/8/61	10	4 . (1)	())
	,	t (I) (this hospital	7/61				19.					(we) last
	saw the decease	ed dive on,	_(<u> </u>	L 17, and	d that c	death accurred	1 012.42	DAY 141.OW	the causes at	nd on the	-	22b DATE
		FIT Frank	D77	- J		M D PHYS.	X DIF	D RECTOR [STAFF PHYS.		5/8/6	SIGNED
	22c. PHYSICIAN'S NAME (Type)	, , , , ,				22d. ADDRE						
	W	m. H. Laws	on, c	Tr., M.D.			Sy	kesyi.	11e-2, M	aryland	d	
23a	BUR AL, CREMATION REMOVAL (Specify)	N. 236 DATE THEREC	F	23c NAME OF CEA	METERY C	R CREMATORY		23d LOCA	TION (City, lawn,	ar caunty)	(S	tote)
	BURIAT.	5-10-1	961		r S	rings			ward Co	Ma Ma	ryla	2d
24.	FUNERAL DIRECTOR'S		LES	ADDRESS	4			BY REGIST		ISTRÁR'S SIGI		
	C. M.	Waltz,	wini	ield, Md			DANEAY	11'61	Chil	hur S. Fr	Aug	

TO HOSPITAL OR ATTENDING PAYOUTED THE flam remainers that the death certificate to executed within 24 hours after death. Page 4 may be failed by the haspital or attending physician.

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TO FUNY VR A15 (4) 15M 9/59

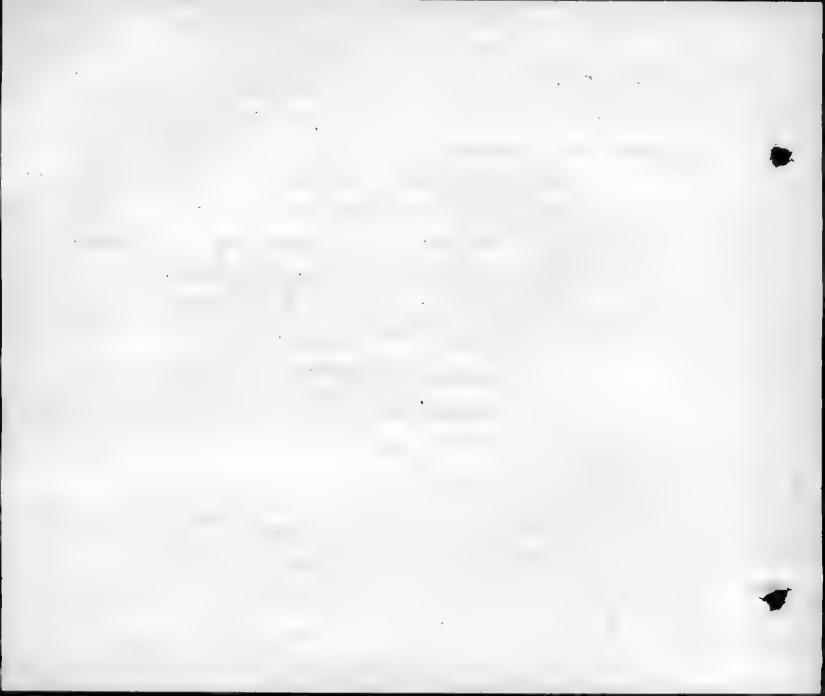


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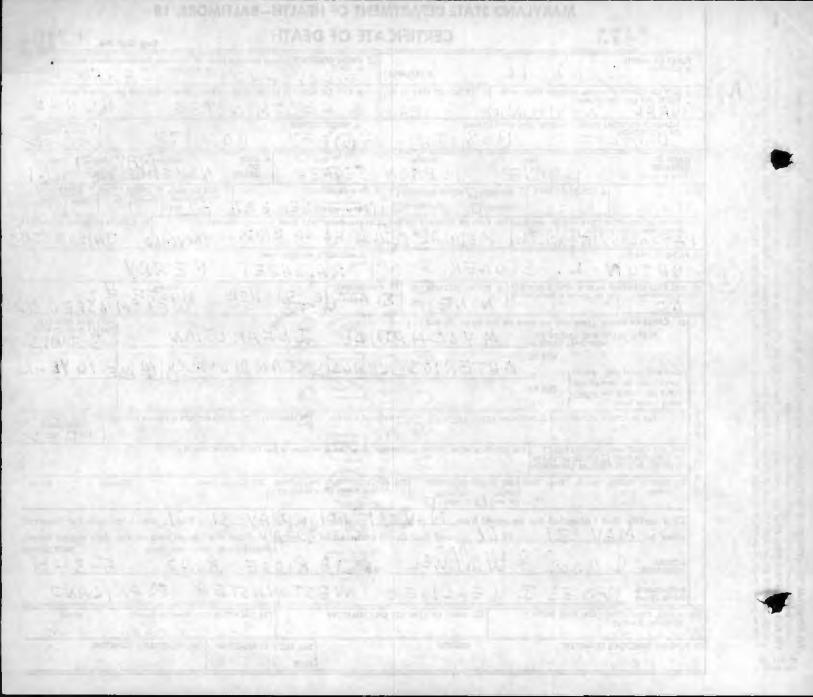
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05463

- 2-				
1) P	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY b. COUNTY	before admission)
1	Ь	C TY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN of outside carporate limits, write RURAL and give	re nearest fown)
	1	RURAL and give nearest town)	HAMDSTEAD RUYA!	-
	d	6, NAME OF HOSPITAL (If not in hospital give street oddress) OR JNST TUTION	d STREET PODRESS	B IS RESIDENCE
		Houelsville Ave.	Houcksville ave	YES NO 2
	D	NAME OF DECEASED DIFFIRST Middle	Losi 4. DATE Month OF DEATH	Day Year 196/
-	5 5	Type or print) EX 16. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BUTTA 9 AGE (14 years IF UNDER 1	
	2 3	6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED		Doys Hours Min.
ŀ	108	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	ISTRY 17 BIRTHPLACE (State or foreign country) 12.CITIZ	EN OF WHAT COUNTRY?
		House wife 140 He	Maryland U	5A,
	13 F	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	- 1	William H. BuchMAN	Ciranda Elizaheth Co	Wers
	15. \ (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 1	INFORMANT Address	1
		NO NOME G	reorge C. Stiffler, 1/A4,	PSTEADING
		18. CAUSE OF DEATH [Enter only one cause per lime for (o), (b), and (c)]	10	ONSET AND DEATH
		PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (o)	a Carcino Ma 70516	67.0
		DUE TO DO . O.	and the second	18Mb
		Conditions, if only, which average (b) / + 1 MON Lat	CINOMIA STOMOCK	2
	-	couse (a), stating the under-	Ulcer.	
	z	Part II. OTHER SIGNIFICANT CONDIT ON CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY
	CATION			YES NO
	ш.		ED. (Enter nature of injury in Part I or Part II of item 18)	
	CERTI	OR CONTRIBUTING E-CAUSE OF DEATH		
	WEDICAL		LACE OF INJURY (Home, form 20f (City or town) (Concepts, street office bldg , etc.)	ounty) (Stote)
	MED	Hour o. m Whi e Not while of work of work		
		21. I certify that (I) (this hospital) attended the deceased from	Morch 1 , 1960, to MAY 15, 196	
		sow the deceased alive an MAY 17 196, and that	death occurred at ZA M, from the causes and on the	
		220 5 GN TURE	ATTENDING MED STAFF	22b DATE SIGNED
9		22 PHYSICIAN'S	M D PHYS DIRECTOR PHYS 22d. ADDRESS	
3		NAME TYPE O GOPH E. BUSh (YI)	HAMPSTEAD, MAR	4/2Nd
	230		OR CREMATORY 23d LOCATION (City, town, or county)	(Spote)
	1	Burnal May 17/61 Betheld	euc Church Stells - York E	2) VEC-
	24	PUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIG	NATURE
	1	year - Clue - Hunjelerd	164 DATEMAY 17'61 CTIMES	Trend



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

